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REVIEW OF THE YEAR

A REPORT ON THE NATIONAL COMMITTEE'S WORK IN 1943*

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ONE year ago I outlined the mental-hygiene tasks of war time. This year I want to tell you what has been done in the directions outlined and what, in November, 1943, seem to be the opportunities and problems before us. Let me emphasize that when I use the word "we," I mean not only your paid staff, but the many friends who have given voluntarily of their effort, and the other agencies that have collaborated on activities formally undertaken by The National Committee for Mental Hygiene. These are the vanguard of mental hygiene.

Psychiatric Selection of Draftees.—Our foremost task of the past year has been to promote improvement in the selection of those entering our armed forces. To this end, we have lent our resources first of all to Selective Service. That the importance of good selection is not overrated, is evidenced by the fact that about one-half of those discharged from the army for medical reasons prior to shipping are psychiatric cases, overt or disguised as other medical disorders or as inaptness or undesirable traits of character. From overseas 30 per cent of the discharged cases were psychiatric eight months ago. To-day the percentages are higher, and again

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an appeal has come as it did from Pershing in 1918. I quote from a report by Major Henry W. Brosin:

> "The inevitable weakening of effective strength in the armed forces overseas due to the inclusion of these essentially unsound soldiers caused a memorandum to be issued by The Adjutant General that all soldiers with mental disorders should be detected and eliminated before they arrive at the Staging Area. Medical officers are given clear instructions to keep these men from going overseas because they disturb the morale and discipline of a unit, and create an unnecessary burden to unit commanders, with quick return to this country after a brief period of service overseas."[1]

In my report last year, I pointed to the value, state by state, of securing a medical history of the draftee to aid in his proper man-power allocation, and to our responsibility for fostering this process.[2] To quote from that report, "We have come to the conclusion that only the addition of a full-time traveling staff member will suffice to meet this need."

This year I am pleased to tell you that, with help from the Earhart and Rockefeller Foundations, we have been able to carry out this hope. Dr. Luther E. Woodward, a psychiatric social worker with the New York City Public Schools, was granted a leave of absence for one year to help the various states organize their facilities for history taking. The coöperation of Selective Service has been complete. On October 18, 1943, it adopted this procedure as a nation-wide policy and program, thus aligning its diagnostic processes with good civilian practice. It is the most extensive step in preventive psychiatry that has ever been undertaken; and as a by-product it mobilizes well-informed local groups that will be and already are invaluable in meeting the problems of demobilization. To quote from Medical Bulletin No. 4, of Selective Service, "The Director of Selective Service has appointed a National Advisory Committee on Social Service to advise him in matters concerning the health and social history phases of the Medical Survey Program."[3] Dr. Wood-

[1] "The Unfit: How To Use Them," by Major Henry W. Brosin, M.C. *Psychosomatic Medicine*, Vol. 5, pp. 342–63, October, 1943.

[2] See "The National Committee's Part in the War Effort; A Report of the Year's Work," by George S. Stevenson, M.D. MENTAL HYGIENE, Vol. 27, pp. 33–42, January, 1943.

[3] Selective Service System, Medical Circular No. 4, October 18, 1943. p. 11.

ward and your medical director have the privilege of holding the secretaryship and chairmanship of this committee.

Psychiatric Selection of Volunteers in the Armed Forces.—Thus are the next steps of The National Committee for Mental Hygiene defined—meaning that this effort with Selective Service has for the most part passed into official hands and that we are to that extent freed for new endeavor. What is this new endeavor? With respect to selection, it means that we align our strength with those in a position to see that the same care is exercised in enlisting volunteers as in the case of those who are drafted. Volunteers to-day include Wacs, Waves, Spars, Marines, and—equally important to our military and naval function—the personnel of the Red Cross. I can report to you at this time about only two of these. The WAC and the Red Cross are deeply conscious of the need for careful selection of personnel, are constantly improving it, and are calling on the experience of the National Committee in this connection. Dr. Hildegard Durfee, a long-standing friend of the National Committee, is civilian consultant to the WAC.

Informing the Public About Psychiatric Selection.—The improvement of psychiatric selection has not been a bed of roses. The civilian is apt to say of the man rejected or discharged for nervous disability, "There is nothing wrong with him," or, "He is a faker," or, "He has political pull," or, on the other hand, if a disability is recognized, "The army would make a man of him."

While the army in Civil War days may have been a stabilizing force, this is not the case to-day. The technical specialization, the remoteness from home after protracted adolescence, and the dependence for life of one soldier upon another tend further to disturb the unstable. The soldier has narrower scope, once he is assigned his task. As a civilian, his foibles, fears, sensitivities, and peculiarities are his private concern, often looked upon as mere legitimate likes or dislikes. He can choose his career, his friends, his amusements, and his way of life in order to reach an adjustment, and sometimes his sensitivities, even though essentially neurotic in origin, have been turned to great social advantage.

In the army, however, there is no such freedom of choice.

The man who neurotically fears the dark finds himself in a panic when sentry duty looms. If he is terrorized by heights or crowds or close spaces, assignment to telephone-pole work, to close barracks or tanks, bears him down. As a civilian, the need to kill anything may come to him so infrequently that he is unaware of his "chicken heart" until he goes to rifle practice and is told to imagine that he is killing a man. If he himself is unaware of his limitations, is it any wonder that his home town looks suspiciously on the discharge of this boy who has been a steady worker, especially if his uncle is the Congressman? Is it surprising, then, that the public suspects psychiatric selection and calls for a relaxation of restrictions? They do not see the danger as does the commanding officer in a combat area.

The National Committee has, therefore, the task of interpreting this situation so that the army may have fullest civilian support. In coöperation with the American Psychiatric Association, such an interpretation is under way through scientific and popular articles and news releases. And still there is a very legitimate question whether many of these men who are being discharged from the army could not have been retained for limited duty when Wacs, Waves, and Spars are not available in sufficient numbers.

Mental Hygiene in the Armed Services.—Of course good selection is only a beginning. Many problems will have to be dealt with after induction, and the sooner the better. Last year I told you of our interest in and support of the mental-hygiene clinic serving the able-bodied at Fort Monmouth, hoping that this type of service could be extended. To-day the beginnings of similar units have been authorized or established in about forty posts, and new technical procedures for early diagnosis and treatment have been developed. Wherever possible, we have brought these to general attention.

A serious deficiency in such service has been the lack of psychiatric social workers such as we helped to secure for Fort Monmouth. Many soldiers were psychiatric social workers in civilian life, but they were not recognized in the army classification. We have, hand in hand with the American Association of Psychiatric Social Workers, helped the authorities to correct this omission. It has been worth the

effort. To-day the social worker is recognized in the classification, and so can be requisitioned for service when needed.

This clinic at Fort Monmouth has accumulated records of its work that are potentially valuable in showing where early signs of mental deviation appear and how they might be dealt with. Through the medium of a courtesy appointment in the Red Cross, we have made a research worker—Miss Clara Rabinowitz—available to this unit for the study of these records, and she has recently rendered a valuable report to the director of the clinic.

Further in line with this interest in early diagnosis and treatment, we have attempted to bring about the preparation and publication of a mental-hygiene first-aid pamphlet, whereby chaplains, company officers, technical instructors, military police, and others might be assisted to an earlier appreciation of their opportunities for discovering and helping the soldier who is in need. While our original plan was to have this prepared by the National Research Council in coöperation with The National Committee for Mental Hygiene, we are very happy to report that this whole matter has been adopted by the Surgeon General's Office, the National Committee standing by to give whatever assistance it may be able to render, especially to expedite publication, for which we have funds from the Blue Hills Foundation.

To shift from prevention to retrospect, an effort is under way to understand what has happened to some of the frank psychiatric cases that have entered the army. Through the New Jersey Department of Institutions and Agencies, a follow-up study is being made of all dementia-præcox patients who have been discharged from the mental hospitals and have entered the armed services. This will give us information on the successes as well as the failures in this group.

It became evident early in the war that psychiatrists in the armed forces felt keenly the severance of their contacts with accustomed sources of scientific information. During the past year, the Josiah Macy, Jr., Foundation has made available to the National Committee reproductions of scientific articles important to war psychiatry. These are available to physicians of the armed forces of any of the United Nations. The National Committee is responsible for the dis-

tribution of these on request to any physician in the armed forces of the United Nations. For this distribution it has the invaluable volunteer help of Mr. and Mrs. Harry Frank, who care for the assembling and mailing. About 4,000 copies each of from six to ten articles a month are now distributed, literally tons of material. The expressions of appreciation from Australia, North Africa, England, and Canada are at times quite touching.

Mental Hygiene and Rehabilitation.—One year ago I told of the work being undertaken by Dr. Burr in behalf of men who seek help in vocational placement. This work has provoked wide interest and progress. I pointed to the fact that the Federal rehabilitation program had ignored the mentally handicapped. We have spent much effort to have this condition corrected, and I am pleased to report that, on July 6, a new Federal rehabilitation program was legalized that permits of service to the mentally handicapped, and that your medical director has been appointed to the Rehabilitation Advisory Council to the Federal Office of Vocational Rehabilitation. Next we must secure the inclusion of the mentally handicapped in the state programs to be submitted for Federal approval. To this end we have established a Division of Rehabilitation with Dr. Thomas Rennie as its director. The program of this division of work is now being formulated, and it is already obvious that a field agent must be added to bring about these state-by-state objectives.

The Selective Service law provides for reëmployment assistance to men discharged from the armed forces, and we have been called upon by Selective Service to act in an advisory capacity in the performance of this duty.

Mental Hygiene and Demobilization.—Any one who remembers the demobilization of 1919 is aware that there is a major mental-hygiene problem in readjustment to civilian life. For this we must be prepared. We are keeping in touch with those in authority on this, and we have reason to believe that this matter is being given considerable attention. Official reticence is unavoidable since plans for demobilization necessarily reflect the plans for occupied countries.

Post-War Mental Hygiene.—It was the original intent of the program committee that this annual meeting should be

devoted to a series of discussions to clarify the rôle of the church, industry, health and welfare agencies, and the schools, in the mental health of the post-war period, and to look into some of the prejudices that adulterate our democratic ideals. Because it is difficult to hold meetings at this time, we changed our plans, and it is now our intent to spread these sessions over the next few months. At the May meeting of our Scientific Administration Committee, it was decided that the National Committee should take the initiative in the effort to bring together the post-war interests of the several associations related to our field. Four of the six invited to this joint effort have so far appointed their delegates; the other two have not yet acted. We hope that this joint committee, dealing with mental illness, neuroses, psychosomatic problems, epilepsy, mental deficiency, and behavior problems, will give strong and effective post-war leadership.

The post-war period will find the doctors of our country heavily confronted with patients who are more than ever conscious of their lesser psychiatric problems and of the need for medical help. These physicians will need help in meeting this demand. We have been enabled during the past year, by one of our generous and far-seeing members, Mrs. Albert D. Lasker, to promote among the deans of medical schools and among science writers an interest in this evolving phase of medical practice. This is just a beginning. The development and prosecution of a designed program still lie ahead.

Mental Hygiene and the School.—Mental hygiene of the future must look even more in a preventive direction—that is, to the time when mental deviations are in the making. How can we teach mental hygiene to school children? Not by teaching them principles in preparation for recitation; perhaps rather by feeling than by verbalizing those principles. With the help of Mrs. Henry Ittleson and a group of our members, we are at present on the verge of launching a special kindergarten experiment in mental-hygiene education, aimed at prevention.

Mental Hygiene and Civilian Service.—Again and again during the past year we have been called on to help organize new clinics or other community services and to suggest

personnel to fill vacancies in established services. Such personnel have not been available, and we have had only meager success in finding persons to be trained under our fellowships. We have tended to recommend the postponement of new programs. Both psychiatrists and psychiatric social workers have been absorbed in war services, and there is no prospect of improvement in this condition until the war is over. We took occasion to call to the attention of the mental hospitals of the country individually the Federal Nurse Cadet training program, which promises some relief in the nursing field, particularly for those hospitals that exert themselves to provide a period of special training for these cadets.

The paucity of attendants in our mental hospitals has been only slightly relieved by the allocation of conscientious objectors to these institutions. The acquisition of a sizeable number of untrained persons, as well as the deficiency in personnel, is bound to result in accidents and inadequacies that must be dealt with wisely in order that morale may not be further impaired. There is serious need for a manual or textbook to be used in the initial training of new employees in the hospitals. At our request, one of the foundations has undertaken to prepare and publish such a manual at a cost that will bring it within the reach of every attendant in the country.

Child Guidance.—Our Division on Community Clinics has been tried severely in its effort to meet the problems of child-guidance clinics throughout the country. Early in the year a large clinic in New Orleans sought our help because of the loss of its psychiatrist. Dr. Kirkpatrick, Director of our Division on Community Clinics, visited New Orleans from time to time to help hold this program intact. He did his work too well and they have for the most part taken him away from us. He will still carry the field work for this division of the National Committee, and Miss Helen Sanders, a psychiatric social worker, has been added to the central staff as his assistant.

Research.—Our major research effort continues to be in the field of dementia præcox, supported by the Supreme Council, 33 Degree, of the Northern Masonic Jurisdiction, Scottish Rite, U. S. A. They have generously during the past

year made available a portion of this support for mental-hygiene services and studies valuable to the war effort. Two of such studies—a follow-up of dementia præcox and the study of case records at Fort Monmouth—have already been mentioned.

There are many other details that would be of interest were it possible to include them within a reasonable time. They will be made a part of our regular published annual report, which will appear in the spring.

I have presented to you a number of important efforts, accomplishments, and hopes, but are these the enduring things of mental hygiene? This war is being fought to give human living a sovereignty in its own right, not as a privilege granted by other persons or by governments. This means that to be a real force in our American way of life, we must not be content with patchwork, but must look more fundamentally to industry, the church, the school, the home and the community—must measure their missions in terms of people rather than of tradition. If this is not done, people will be strait-jacketed, lose potential, and decay. This is our real challenge, and I am not sure that our program to date has come to grips with it.

Mental health cannot be fostered through isolated endeavors. To be real, it must be tied in with everyday life, including one's occupation. The people of this country, perhaps of the world, are bewildered about their work life. I believe that they have a feeling that there is something very right about private initiative in that it expresses what democracy considers to be important. But they also feel that there is something wrong if the individual initiative of one can suppress the individual initiative of another. Our efforts by law to deal with this result more in right-and-left movement than in progression forward. We must look beyond the law toward a higher moral quality in those who are influencing the work life of people, in order that their leadership may be seen as a trusteeship of democracy and not as a license.

Whatever the destiny of America, we strive that this hour of its leadership may be the pride of our progeny and a benefit to all mankind.

TO-DAY'S RESPONSIBILITIES IN MENTAL HYGIENE*

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WE have two responsibilities. One of these is to support the splendid job that Dr. Stevenson and his staff are doing. Perhaps this would amount to pretty earnest prayer for their continued health. You have already heard of these activities. They are magnificent. The other is that we, all of us, see these activities in terms of their larger relationships. This is important, partly because these larger relationships will give meaning to what is being done to-day and perhaps will here and there guide new steps, and partly because it is only through seeing this larger frame of reference that we can continue through the coming years to maintain a coherent and consistent policy.

On this basis could we look at seven present-day pressing problems in mental hygiene? In most or all of these you will find that we are not going beyond the data that Dr. Stevenson has given you as to present activities, but are simply trying to give these meaning in terms of the general problems that they are attacking.

1. We are busily engaged in giving help to Selective Service—and this must continue. From a mental-hygiene point of view, this involves, of course, the best possible protection to the army. But it also involves—as I see it—the best possible protection to the individual. This we are in great danger of not giving. There has been a very disturbing trend toward helping the army reject the unfit rather than toward helping individuals to find out what they can do best. Viewed in terms of the interest during the '30's in identifying the professional worker with the patient, this sudden about-face, in which the professional worker identifies himself with the employer, seems to me a very questionable sort of procedure.

* A résumé of an address delivered at the Thirty-fourth Annual Meeting of The National Committee for Mental Hygiene, New York, November 11, 1943.

There is nothing here against provision for the army of the best material. But we must see that specialization over the last fifty years has tremendously weakened each individual's feeling of his worth-whileness as an individual—and that in all of the activities of the Selective Service this helplessness of the individual as an individual has been intensified.

It has been grand to see the eager loyalty with which the social worker has hurried to the help of the army in combing out the unfit. But perhaps here we are all selling our birthright for a mess of pottage. Perhaps it is a prime responsibility of to-day that we turn our faces toward the selection of the right niche for each citizen instead of merely helping to reject him if he does not meet a certain set of specialized demands.

2. I think it was John Steinbeck who said, "These are glorious months for wives. Never have they been more beautiful, more worth while." We must recognize that where people live apart from each other, they are able to build ideal pictures of each other. One sees this in simple fashion in the problem of marriage. No one ever married a real person—but rather what he thought that person to be. Through the first years of marriage, there is the problem, then, of tolerance—of finding that we are living with a real person and of the development of a feeling that that person has a right to be that real person.

A great many people think of post-war family problems as being affected by what one would call a "cooling" of the affectional ties. This is not so much involved as is the problem of tolerance—one doesn't need to be tolerant of others when one doesn't have to live with them. There is the need at the present time in every assisting group in every camp—and in every assisting group in each community—to get those who are separated from those they love to recognize that this problem of tolerance is one of the great and inevitable ones that will follow the war.

A good deal of this is a matter of rather cold and objective education. People can see—as the matter is brought to their attention—that there will be far more difficulty in actually living with a man or a wife—or a child or a parent—than in

living with a mental image as one does at present, when the sharp disruption of the family allows the picture of the absent member to become endowed with every lovely trait that one would want.

I am as interested as any one in the more widespread problems of racial and national tolerance, but I doubt that we can do much there until we have met the issues in each person and in each family. It is for this reason that I think of this matter of education as one of the most pressing of our present responsibilities. A person can be so satisfactory and so grand—until we have to live with him. He can continue to be satisfactory if we understand the extent to which we have been forcing upon him what we would like him to be instead of accepting him for what he is.

3. Without going into the intricacies of the whole present international situation, it must be evident that we are seeing on a grand scale the emotions of fear and anxiety. Psychiatry has never understood too well these two different emotions. There are excellent theoretical considerations—I think of Kurt Goldstein's work, for instance—but here we have perhaps in stronger relief than at any other time whole groups who are dominated by fear and other whole groups who are dominated by anxiety. These are days full of pressing present issues, but I would still think it a major responsibility that we use these months to understand the relationship of these two most devastating of emotions. Obviously, anything that we can learn in this field will be of transcending importance in the whole future development of psychiatry, and in fact in the understanding of man's reactions to his social frustrations and problems for many generations to come.

4. In war—as in other crises—we experience an orgy of emotional expression. Whether war creates or releases these outbursts, we are not too sure—but the psychiatric research of the last generation has given us considerable faith in the latter view. Can we not see the problems of these months within a framework that will certainly presage further wars if the peace is to be on the basis of bottling up our aggressive tendencies—of simply trying once more to pretend that they do not exist? It is very much the responsibility of mental hygiene to point out to American education that there must

be knowledge of and training of the emotions as well as of the intelligence.

One admits that there may be economic or geographical components in the causes of war, but in the last analysis these all come back to the interpretation that man puts upon them. And we know now that that interpretation is made on the basis of emotional needs, rather than that of intellectual attainments.

This is no plea for emotional orgies throughout the early family and school years; it is not a denial that knowledge is power. It is the claim that this power is wielded by the emotions—and that unless in our early training we can help the child to bring to the surface and to understand his fear and anxiety, his aggression, loyalty, and dependence, as we help him to understand words and numbers, then we shall move on to other wars, regardless of the smoothness of our instruments of peace.

5. None of our present responsibilities intrigues one more than that revolving about the question of communication. The major part of communication is carried out now through the use of symbols. These are so necessary to the conveyance of thought and emotion that we should like to forget how crystallized they are—how inflexible. Thus a large part of education in this country concerns itself with the manipulation of symbols—very little with the understanding of the relationship of symbols to reality. Imagine the difficulties of the coming months over the word "sovereignty." This will be struggled over endlessly—forced into *this* new combination of other symbols, stretched to cover *that* new formula, all because we have no facile way of putting new experiences, new needs, and new desires into symbols. And all because, for new situations, we feel compelled to use symbols that were crystallized out of entirely different earlier human experiences and situations. Can't we go *to-day* to the primary grades through the land to impress it upon them that children must learn the use of symbols in the expression of reality experiences before they turn their attention to the manipulation of these symbols?

6. Every one who knows adolescents has caught their eagerness to have some active part in the stirring events that encompass the globe. Yet it is at least my own experi-

ence that these older children have never shown a more marked constriction of interests. From a mental-hygiene point of view, there is a wide difference between going willingly even to the supreme sacrifice because that is what every one is doing, and going willingly in the service of a cause in which one has lost one's self. It is as true to-day as ever that one finds one's self by losing one's self. But is this what happens when one seeks an experience that every one else is having, instead of giving one's self unreservedly to a loyalty? This insulation of the individual has been one of the tragic outcomes of a pressure culture in which each person's interest from childhood has been in "Where am *I* going" instead of "Where are *we* going." Once more we must go back to school and family to start each child with a different concept of his relationship to the group with which he lives.

7. There are, finally, those deeper implications of the mental-hygiene problems of civilians and soldiers transferred to new environments. There is to-day's task of meeting the loneliness, the sense of strangeness, the insecurity that come out of this dislocation. But back of that (as we brought out in discussing our first point) is the weakening of the individual, the erosion of his feeling of worth-whileness and of being a person. We are going through a period—often spoken of as "temporary"—in which paternalistic control over each item of each person's life is growing each day. It is part of mental hygiene's responsibility to see that the dislocations in habits, in occupation, in residence—that all these demand a continuance of precisely that which we fight to defeat.

Thus we come back to where we started—that perhaps the core problem is that of the integrity and worth-whileness of each individual. And our core responsibility is that we see each of our tasks in that light. In the readjustment that follows the war, there will be no single problem greater than that of the reassembling of the individual—analyzed by the special and technical education of our last generations, broken into parts because his vocabulary (mode of communicating) has not been able to keep pace with the rapidly changing conditions of his life, torn up by the roots through the vast migrations of these last few months.

PERSPECTIVES ON THE MENTAL HYGIENE OF TO-MORROW *

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THE term "mental hygiene" refers to the maintenance of mental health and the prevention of mental disorder. This is a common meeting ground of psychiatry, psychology, sociology, education, economics, religion, and the arts. If this definition is acceptable, as I believe it is, then one must search for perspectives among these interrelated branches of knowledge and experience. In a perspective one is supposed to see something or to visualize something. What do we see as future possibilities, probabilities, and objectives within the scope of mental hygiene?

Some of the desirable objectives that we at least think we see are like phantoms that one glimpses dimly, but that do not remain long enough for close examination; others are more tangible and give promise of realization if one is willing to expend the extra effort necessary in overcoming resistance to attain the goal; and still others are within our grasp and may be achieved soon.

It is not an easy task—nor is one on very safe grounds in undertaking it—to prophesy on any subject or movement that has many workable research angles to be developed. In this field unexpected discoveries may change policies, procedures, and the whole course of events. So what one says now about the future may some day seem amusing to future moderns.

We have now been engaged in the study of mental disorders long enough to make it apparent to every one that the prevention and treatment of these disorders are not simple problems. The possible causes are legion and the possible combinations of these in individual instances are very numerous.

* Presented at the Thirty-fourth Annual Meeting of The National Committee for Mental Hygiene, New York, November 11, 1943.

What will be the future of mental hygiene? What problems will be attacked, and at least partially solved, concerning the function of the brain, concerning the structure of the multidimensional personality, and concerning the complexities of society? Opportunities confront us now and will continue to present themselves in the future. Will they be utilized creatively or will they be mishandled by us and our successors?

During the past fifty years, various schools of thought have made valuable contributions to the study of personality development and personality disorders. There has been a natural tendency in most of these groups to stress their own particular philosophy and methods of work, and to pay little, if any, attention to other concepts; but one can rest assured that there is room for various types of worker, as progress in this field will include the synthesis of many disciplines and methods in the study of the multidimensional complex of human behavior. No one doctrine or method refutes and disposes of all the rest.

In its evolutionary progress, the human race has been and is on some sort of adventure, often sailing on treacherous seas without qualified, dependable navigation. It has been a long, bitter struggle, and in some respects we have built up a curious organization of education, art, and science. We find difficulty in manipulating this organization to our own advantage, because we have attempted to polish the surface, which covers a wild, strange, neglected, poorly understood mixture of elements, and have failed to consider the inner workings.

It is essential for man to have the ability to manipulate and adapt the environment as well as to make changes in himself, as he must live in society. It is equally essential that society be so constructed as to afford adequate opportunities for individuals to exist. All activities of the individual and of social processes are, in the last analysis, of our cerebral life, and too many of them are pathological in nature.

On the same principle that the receptor cells and the central nervous system function in dominant rôles and leadership in the physiological balances of the body, persons are needed who are capable of taking the leading rôles in the social structure and function. Society surely needs some method of

selecting its leaders that will prevent ambitious moral morons and other unqualified individuals from acquiring positions of influence and power.

Of course, there are diseases of society as there are disorders of bodily organs and of individuals, but they are not in the same categories. Even psychiatrists have fallen into the error of attempting to explain the disordered trends in society in the same terms applied to the psychopathological behavior of individuals. This is in contrast to all biological principles of integration. The organization known as "society" is a different structure from one of its units known as the "individual" or "person." We make rather thin analogies in applying those concepts and terms to social pathology as such which have developed in the study of pathology of the person. For example, to speak of "mob delirium," "national paranoia," and "race schizophrenia" is probably no more expressive of the facts than to speak of "arthritis of the emotions," "obesity of thought," or "nephritis of the judgment." In other words, the characteristics of a unit are not those of a total integration pattern, and societies are huge living organisms with unique characteristics of their own.

But just as the psychiatrist dealing with patients must have some knowledge of the nervous system and other organs of the body in order to understand the behavior capacities of the whole individual, so the social pathologist, for full comprehension of the whole organism called "society," should have a knowledge of the psychological and psychopathological traits and principles at work in individuals as units. But as the constitution of a man cannot be understood by investigating his parts separately, because it is formed by the organized relationship of the parts, so society cannot be explained by any study of its units. Although the person is the theoretical unit, society is not the simple sum or aggregation of these units. There is a *plus organization* in the picture.

Science is the most progressive factor in culture, and our best hope of bettering conditions on this earth. Outside of scientific institutions, scientific thought is not common. *Research, intelligence,* and *long-term thinking* are needed now as never before. We must learn something more about the

original nature of man and of individuals. Science provides a pattern of thought that, if people were taught to follow it, would eliminate much of the *shortsightedness* and *ignorance* and many of the *questionable values* that are now a part of the structure of society.

The human race has not yet begun to realize its vast possibilities, and we must support our monks of science who represent the immortal spirit which refuses to perish. What has to be done and the way it is done must necessarily depend upon the existing knowledge of the nature of the problem. The more exact the knowledge, the more clearly the way of procedure is indicated.

Although a great deal has been learned about mental disorders during the past fifty years, psychiatry is young as a science and still has to be developed as a basic science to take its rightful place beside the disciplines of physiology, pathology, and biochemistry.

The early and consistent training of a person, if he is to be considered broadly educated, should be planned in a way to give him an *understanding of himself* and *of the world about him,* and *particularly of his relationship to that world.* With this as a foundation and source of strength, individual advancement and security will be possible, as the person will possess the ability to appreciate values, will be prepared to meet without panic and without prejudice various problems as they arise and thus to live with some satisfaction in the present world. Moreover, it will enable him to grow with and to aid in improving a growing world and a changing civilization.

We must remember that every individual possesses many capacities that remain undeveloped because of lack of suitable stimuli to call them forth.

It was intelligence and not brute force that enabled primitive man to overcome the great beasts of prey and other forces of nature. With man's steadily increasing control over the forces of nature, there has been no similar gain in controlling or intelligently directing human nature. In addition to widespread interpersonal and international disturbances, there are, affecting the person, abnormal fears, boredom, worry, indecision, the sense of inferiority, and

oversensitivity which are greater "public enemies" than the gangsters and racketeers that are being so eagerly hunted by our police organizations.

There are some signs indicating that the coming generation is going to suffer from these public enemies even more extensively than we do at present. Even now our failure in the field of education is one of the main reasons, perhaps the only important one, why those in need of help run to the quack and the charlatan, and are eager to sample the wares offered by the latest cult.

In psychiatry we have the problems of biological stabilization within the individual and of the stabilization of the individual within the community. The complaints of the affected individual are taking first place and must be studied. Every case presents a unique problem with some features common to others, but with certain features peculiar to the person in question. Thus intensive study with treatment of individual patients is the first duty of the psychiatrist.

For the promotion of knowledge, one important matter is the clear-cut formulation of the nature of the problems. In any attempt to solve them, each worker must use the methods and the tools that he has acquired in his particular training. Much time and energy are wasted by those not fitted for the task that they have undertaken. We want to bring into action as many young minds as possible—fresh minds that are filled with curiosity and not yet stunted or frozen by the authority of their teachers, and that have not yet learned by experience and reverses that new things cannot be accomplished. In the educational system some means must be devised for guiding the individual in the selection of the life work for which he is best adapted, and thus preventing susceptible subjects from entering life situations that would eventually prove disastrous to their psychological balance.

What knowledge we have on the origin and nature of mental conditions and on methods of attack and of prevention should be disseminated as widely as possible. A great responsibility rests on practicing psychiatrists for opening these channels of prevention. We might learn a good deal and accomplish a lot by studying and adopting some of the

procedures of the campaigns that have been so successful in the early recognition and control of tuberculosis.

As we now see it, mental disorder is a vital expression of the organism—something conditioned both by the nature of mankind and by the special nature and experiences of the individual. In the prophylaxis of mental disorders, an understanding of the "individual factor," the emotional constitution, and how these fit society, is obviously necessary. It would be very valuable to know what behavior could be expected of any given person or group of people under any special set of circumstances or in the course of time. So far this is not predictable; it can only be surmised by some set of factors that can be studied in action—a prime focus for research.

The early recognition and therapy of emotional conflicts and behavior disorders in children by pediatricians alert to the possibilities should accomplish a great deal toward averting emotional disturbances later in life and thus make a major contribution to mental health. Both the child and the grown-up crave and need security, affection, understanding, the opportunity for achievement, and a recognition of their talents and abilities.

The propagation of knowledge of the kind that can be digested mentally by the public, the teaching of mental hygiene all through the formal education period of the child and adult, the better teaching of psychiatry in the medical schools, and the production of a larger number of psychiatrists are most urgent. It is said that we have a ratio of one psychiatrist to every 45,000 persons, with the majority of these serving in hospitals for mental disorders and not distributed among the populace. The implication is obvious.

Basic financial support in the form of grants and subsidies for the dissemination of knowledge already gained, and for the advancement of research, must be arranged in a systematic way if anything is to be done on a large scale. State and federal governments have definite obligations to fulfill in this respect. So far no government to-day has seriously undertaken to organize an adequate program of education and research aimed at the reduction of psychological ills among its people.

We need faith. While faith does not insure the success of any project or movement or ideal, it enhances the probability of success by virtue of its stimulation of those two great essentials, effort and patience. Therefore, we must encourage, develop, and maintain a living faith in science and in men.

Many people are always chasing rainbows. It is true that one never finds the end of the rainbow because it is really a circle, but those who chase them may find on the way a pot of gold well worth while. We must search, research, and gamble with ideas. After all, perhaps it is better to be a ferment and be wrong sometimes than always to be right and thus sterile.

Many of these proposals seem to be idealistic, but they are actually possibilities. Ideals are wont to become practical realities when promoted by thousands or millions of coöperative members of society rather than just believed in by a few dreamers. We must be bold and farsighted to accomplish our ends.

In a democracy such as we are trying to preserve, one hears the emphasis placed on the enjoyment of *liberties, rights,* and *happiness,* all of which sentiment is very fine, but there must be also *duties, labors,* and *obligations* to carry out in the development and support of our society, that massive organism which is so vulnerable to distortion and disease.

Mental hygiene will progress and become effective if we strive to enlarge our fund of research data; insist upon accuracy in evaluating the facts gained by specialization; and apply the technics derived from these various sources of information. Mental hygiene will thrive as a part of general cultural growth.

Healthy movements are already on the way in many states and communities whose objectives are better care and treatment of mental patients through the improvement of hospital facilities; utilization of the capacities of the mentally defective and the epileptic; more adequately supervised child-guidance clinics; and a frontal attack on the complicated problem of pathological alcoholism. This type of intensive effort should lead to a considerable advancement in the control and prevention of mental disorder, but *only* if it receives

the *concerted support* of the medical profession and the non-medical public.

If we work unitedly, it will be possible eventually to supply the *need for a philosophy of the present, constructed on the experiences in the history of the past, and permeated by a perspective vision* which will stimulate the creative imagination necessary to cut the pathways into the future of mental hygiene.

The tribulations and controversies that lie ahead of those living in 1943 may be much more formidable even than those which have beset the world in the past years. Those who are now young may have to pay heavily for the results of a great mass of social, political, and economic blundering, bickering, and refined lying. In order to meet the problems, they will need as much mental equilibrium as can be acquired. Just as it is the duty of our armed forces to win the war for democracy, so it is our duty as citizens to demand that opportunities for attaining and maintaining mental health be made available to all.

NOTE ON SELF-IDENTIFICATION WITH ENEMY NATIONALS

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WITH the shift in clinic interest from the topical etiology of children's difficulties to the dynamic experience of the child in the therapeutic relationship, much has been said, particularly by Allen, about the child's self-discovery and orientation of his own individuality. He identifies within his family, orients himself in his culture, and premeditates his growing individuation. Often, as part of this, he interests himself in his national-cultural origins.

In war periods, when certain enemy cultures acquire connotations of unusual taint, identification with these cultures assumes new importance. Much has been said of those national identifications of which the child is ashamed. We are interested here not in those which are thus concealed, denied, minimized, or reluctantly accepted, but rather in those which the child stigmatizes, yet with which he actively and insistently identifies.

At all times the child's national origins hold meanings for him. They help answer the question, "What am I?" He may use them to link himself more closely with or to repudiate one of his parents. He may be borrowing glamour or power as an antidote for feelings of inadequacy. (How often this is done by the American tourist!) He may be trying to relate himself more closely to the therapist. Such instances as the following are common enough:

> A thirteen-year-old girl, reaching out hungrily for her father's affection, wished very much to visit Holland, the country of his forebears. She resented the more "Dutchy" appearance of her rival sisters, and wished to freshen and deepen her relationship with that side of the family. As she became more warmly friendly with her mother, the insistence of this phantasy plan faded.
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> A seven-year-old adopted boy completely refused any identification with or acceptance of his adoptive parents by developing the phantasy that he was a British orphan. He insisted that this was fact for some

time, and in substantiation offered detailed accounts of exploits of his during the period before coming to America. He maintained that aircraft, ships, soldiers, and all else coming from England were far superior to their American counterparts. In the clinic his slow acceptance of things American seemed a fair barometer of his acceptance of his adoptive parents.

The fourteen-year-old son of a Swedish father and a Polish mother suffered many conflicts, giving rise to physical symptoms. All his struggle against effeminacy, his rivalry with his father-preferred brother, his efforts toward self-dependence, and his desire to be admired by his fellows he bound up in the struggle against deserving the appellation, "mama's boy." This accusation had never come from outside, but only from within himself.

As part of this struggle, he denied all interest in the Polish language or culture, but reached out instead for Swedish characteristics. For instance, he stated that Swedes tended to be tall, and at each clinic visit he measured his height, stretching to the utmost, and gloating over narrowing the margin that separated his height from six feet. He openly expressed the wish to be thought of as a Swede and dismissed Poles with a shrug or a grimace. This boy could not say anything at all critical of his mother, but experienced no difficulty in sweepingly denying any relationship with her national group.

Such identification also may be used as a projection to escape responsibility for unacceptable behavior. However stupid the common rule-of-thumb notions of national characteristics may be, some of these cling to the average person's thinking, and may be used for projection by the child. One girl, feeling herself unable to cope with her erotic urges, stated with simple finality that she inherited her passion from her Spanish ancestors. Another adolescent dismissed a certain interest in thrift with the statement that this was because she was partly Scotch. In the same way we have seen children attribute their stubbornness to a Swedish background, combativeness to Irish blood, and (somewhat unhappily) lack of humor to British ancestry.

In war periods these popular concepts endow enemy nationals with sweepingly inclusive wickedness. Domestic propaganda encourages this. Movie villains tend to be Germans or Japanese, and these villains are permitted more purple dastardy than would be allowable in peace times. Theoretically, one would expect the child with German forebears to use this ancestry as a projection object for traits of which he feels unwilling or unable to rid himself, or for which he simply wishes to evade responsiblity. Actually we

find this to be so. It must be mentioned in passing that such notions are occasionally encouraged by the "untainted" parent for similarly projective reasons, which furnishes a sidelight on the marital rapport in such cases.

The choice of ancestry as scapegoat rather than of ill health, other persons, accident, and so on, attracts interest. There may be many reasons for this choice. In some cases from intellectually ambitious families, it has seemed to us as if the child felt that talk of heredity smacked of science and educated intelligence. In others one has often suspected that the notion may have originally come from parents for obvious escape reasons.

We have wondered speculatively if some of these children did not have a certain degree of insight both as to the source of the difficulty and as to the weakness of obviously external and alterable objects of projected blame. One might say it is as if the child vaguely approached some such formulation as this: "I know these difficulties are part of myself. I cannot deny that. These other escapes you can either acquit of blame or can change, but heredity is different. It must be important. I am not responsible for it. You can't expect me to do anything about it. I rest." Failure to work this out stifles the child's willful attack on his problem.

Wilbur, eleven-year-old son of a German-American father, was never able to identify constructively with either parent throughout the course of poorly successful efforts to treat. The identifications he made tended to handicap therapy. His mother, an odd, seclusive, moderately paranoid woman, was a former teacher. Her nagging insistence on school performance succeeded in conditioning the boy against academic effort. The resulting antagonism prevented good identification with the mother, and the ensuing school failure not only widened the gap, but afflicted the boy with feelings of guilt.

His father, moderately alcoholic and maritally unfaithful, was regarded in the family as definitely bad. The boy in part regarded him as an enemy rival and in part identified with him. He summed up the hopelessness of his situation by saying, "I'm bad. I'm a Schmidt. I take after that bad, stubborn German side of the family."

With this, and its amplifications, he seemed to dismiss the prospect of treatment as futile. Such superficial devices as pointing out the German origin of such heroic-figure names as Pershing, Eisenhower, Nimitz, and Spaatz may have helped acceptance of German blood, if indeed that were present. However, they missed the import of the projection, suggestively increased the boy's confusion and guilt, and significantly quieted his discussion of his negativism.

These active identifications with the enemy clearly indicate their projective character in the fact that the child endows these nationals with precisely the characteristics or behavior trend with which he is experiencing difficulty. This tendency to read one's own guilt traits into the enemy notoriously helps determine the particular enemy villainy to which one attends. The need to punish the opponent for rapacity, or for sadism, or for egotism vibrates as a sympathetic overtone on the corresponding repressive tendency in the individual. Negativistic Wilbur, referred to above, for obvious reasons stressed German stubbornness. The following cases reveal other intra-personal colorings projected as primary attributes of the Nazi character.

Eloise, the fourteen-year-old daughter of an Irish-American mother and a German-American father, exhibited strong repudiation of the latter. This stemmed from a felt rejection by him when she was four years old. She suffered marked guilt feelings over her strong attachment to various older men, who she came to realize had been father substitutes. The loss to her of some of these substitutes had precipitated severely unacceptable behavior, which had led her family to consider commitment to a state hospital.

In treatment a deal of developed insight into the origins of her preoccupations resulted in a less regressive drive to infantile behavior. She began to orient herself and to organize her efforts. At this stage in treatment she developed a strong interest in the German language, in a visit to Germany, and finally in a visit to her father's relatives in that country.

Her motives in all this were mixed. On the one hand, she still struggled to recapture a closer relationship with her father. On the other hand, she vigorously espoused the idea that all Germans were mean and that her father's relatives in Germany were particularly sadistic and heartless. Then again, she stressed the point that her father's branch of the family was less tainted with this German meanness—*i.e.*, he represented that part of the family less afflicted with this vicious streak. This meanness, as she reported it, centered in a brutal, unloving attitude of parents toward children. It was this parental sadism that had driven her grandfather to run away to this country.

In working out her self-orientation, Eloise expressed the feeling that she had some traces of that taint in herself, but increasingly came to feel that she was becoming more like her mother's side of the family, "or even more like just myself instead of like any of them."

Here we look behind a simple statement of interest in German language and German travel to see a wealth of self-evaluation. It unfolds to show a strong element of ambivalence toward her father, a desire to understand herself, and a desire to shape somehow a better feeling in relation to the unloving attitude of her father. Finally, it is precisely that characteristic of parents not loving children and vice versa with

which she endows the German people, with whom she partially wishes to identify.

Mildred the fifteen-year-old daughter of a traumatically broken home, suffered from feelings of rejection and from conflicting standards of conduct. One of her substitutes for affection was eating, which led to secondary unhappiness over her obesity. Another substitute was compulsive masturbation, in which she adopted the male rôle both in position and in phantasy, a practice fortified heavily, but not solely, by the notion that she was unloved as a girl, but would have been loved had she been a boy like her brother. Mildred suffered almost constantly and deeply from feelings growing out of this sexual problem.

She suffered also from considerable conflict because the sexual urgency over which she felt so much guilt seemed to identify with the sexual promiscuity of her father. The trauma here lay in the fact that her father was her chief love object and her mother, her hated rival. Obviously she would have felt more comfortable could she have blamed her sensuality on her mother.

In her first moment of accepting the clinic, she asked anxiously if I did not think she had German features. Later she explained that she believed Germans were characterized by strong sexual lust. "The Japanese are the worst that way. Then come the Germans, then the Italians, then the French, then the Spanish, and then us." She readily saw and agreed to the idea that if she could blame her sexual urges on her German blood, she could feel free of blame. "Besides, if it was German, then I could fight it." In relation to this aid to her efforts, it was interesting to note that she identified all that was German in her as coming from her mother. "My father's English. He's decent."

Behind her original simple inquiry as to her having a German cast of features, we came to see a wish to relate her bad traits to her mother, a wish to project responsibility for her difficulty onto heredity, and a wish to make herself better able to combat these urges. Here again the projective nature of the national identification is clearly shown by the child's implication that the essential feature of the German character is strongly insistent sexual desire and activity.

The above instances suggest that identifications with enemy peoples, when actively made by a child, deserve attention. They are part of his orientation effort. They may harbor meanings important to him. These meanings may include identification with a parent, rejection of a parent, and projection of blame. Finally, an inquiry into the child's concept of the enemy character may offer insight into what he feels to be wrong with himself. Superficial handling may be tantamount to an acceptance by the therapist of the projection onto something so seemingly unalterable and escapist as to compromise therapy. Constructively followed up, the identification may offer the child valuable insight as an aid to his self-discovery.

MENTAL HYGIENE AND INDUSTRY*

MENTAL ASPECTS OF INDUSTRIAL EMPLOYMENT

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I DO NOT profess to be a psychiatrist, a psychologist, or even a mental hygienist, and I know of no valid reason for my appearance on this program, other than that I have an interest in the problem in so far as it affects industrial health in general. I am not a specialist in this field and my presence here is for the same purpose as yours—to become better informed on new developments and their application to our individual needs.

Mental health has been defined as that state of mind which enables one to meet and cope with everyday problems. In a discussion of this nature, it may be well to review some of the fundamentals of the subject with which we are concerned. In doing so, I shall review only the border-line disorders or psychoneuroses, which are the most troublesome from the point of view of employment. The frank insanities present no great problem as there are very few cases of them in the industrial field and they are readily discernible.

Dorland has defined the psychoneuroses as a group of border-line disorders of the mind that are not true insanities. They are diseases in which the symptoms arise as the result of emotional conflicts—disturbances in the nervous system with no obvious organic pathology. They are found in all races and may occur at any period from childhood to old age. Upon medical examination, many of these patients are found to be in good physical condition.

One theory of the psychoneuroses holds that ideas that are in conflict with other ideas or with the training that goes into the make-up of an individual's personality may give

* A symposium presented at the Section on Industrial Mental Hygiene of the American Vocational Association Convention, Toledo, Ohio, December 2–5, 1942.

rise to symptoms by some unknown mechanism of emotional response. Janet defines emotion as follows: "When an organism perceives the necessity of adapting itself to its environment and at the same time perceives its inability to adapt itself—then there results a series of phenomena which collectively is called an emotion." The individual must be convinced of the necessity of adapting himself to his environment and of his inability to do so; there is no emotion unless this conviction is present. It matters not whether the patient is right or wrong in his conviction—the results for him are the same. In many instances he is wrong—either he does not have to adapt himself or it is possible for him to do so—and the psychiatrist in treatment points out that error.

The psychoneuroses, then, are based on mental conflicts arising from emotion. These mental conflicts can be derived from numerous sources. Some may be forgotten, others remain to become an integral part of the individual's personality, while others are repressed and appear in the subconscious mind, providing the stimuli for future conflicting emotions. The symptoms are not imaginary and should never be treated as such. These patients are truly ill and need sympathetic and specialized care and treatment. While the symptoms may vary greatly—from headache, worry, inability to sleep, inability to concentrate, pain in various parts of the body, paralysis, to frank insanity—the underlying cause is the same, and therefore successful treatment depends upon the removal of the source of worry.

In industry, we are chiefly concerned with the mildest forms of the psychoneuroses—the simple anxieties and the anxiety neuroses. In simple anxiety, the source of the worry remains conscious, but the patient may wonder if his troubles are not more than simple worry. He may even deny worry and attribute his difficulty to other causes. In the next stage, the anxiety neurosis, the patient still suffers from anxiety symptoms, but the event that gave rise to them has been repressed to the extent that he is no longer conscious of the original cause. He has forgotten the cause, but continues to suffer from the result. It must be understood that the symptoms, no matter how varied, are due to a disturbance of function and not to pathological changes.

The terms "industrial psychiatry" and "industrial mental

health'' seem very inappropriate, although they are frequently used. They are proper only to the extent that they refer to the mental health of the industrial worker. Much of the difficulty or confusion in the minds of industrial workers is not the result of industry itself or of any particular occupation, but is the result of maladjustment during the formative years of life. Many workers, therefore, have entered into employment with certain inherent conflicts. Undoubtedly some of the difficulty arises or increases after employment begins, but here, too, certain types may be more prone to such personality changes.

This being true, it would seem that we have been amiss in our employment policies. Efficient operation—whether it concerns a home, an office, an athletic team, or an industry—depends largely upon the ability of the team mates to work together and not merely as individual performers. The players or workers must be able to adjust themselves harmoniously to one another's performance if maximum efficiency is to be attained, and this fact should be borne in mind by those responsible for the employment and the placement of workers. Executives, foremen, and other supervisors also are susceptible to emotional upsets, and often much of the difficulty in the workers can be attributed to improper leadership.

We may wonder how these disorders affect industry. Are they prevalent enough to cause concern? I have no statistics relative to their incidence in industry, but it should suffice to present statistics on several groups from which industry draws its workers. It has been stated that approximately 40 per cent of the general practitioner's patients fall within this group. In the January, 1941, issue of MENTAL HYGIENE, Dr. Clarence M. Hincks, General Director of the Canadian National Committee for Mental Hygiene, states that mental and nervous disorders have been prominent among the disabilities that have developed in Canadian soldiers, accounting for more than 1,000 cases, of which 156 were major psychoses. ''It is interesting,'' he continues, ''to note that 16 per cent of the men who have recently been invalided home from Britain have been afflicted with these disabilities, and an additional

26.5 per cent have had duodenal ulcer—a condition so frequently associated with emotional disturbance and tension."[1] These casualities are high, and no doubt are due in some measure to the fact that Canadian soldiers do not have the benefit of a mental examination prior to induction.

The experience of the examining boards for Selective Service in the state of Michigan shows that nervous and mental diseases are the leading cause of rejection for military service. Between November, 1940, and August, 1942, approximately one man in every three examined was rejected because of mental or physical defect. Nervous and mental disorders accounted for 22.82 per cent of all rejections. Since these applicants come from all walks of life, it is apparent that these disorders are much more prevalent than is commonly believed. It is not possible to compare similar statistics with the draft of World War I because at that time psychiatrists were not employed on the examining boards, as is now required. Since only 4.54 per cent were rejected for the same reason during the last war, it is evident that only the obvious cases were picked up by the examiners, all border-line cases being overlooked. These experiences with a cross section of American life indicate the extent and severity of the problem. In industry the incidence should be even higher, because in the older age groups we would no doubt find many suffering from the arteriosclerotic and the senile psychoses. This seems particularly applicable to industry at the present time, since many older workers are replacing those of military age.

Mental illness in industry is, then, an important problem and one that should receive much greater recognition by those concerned with employment and production as well as by those who have to do with the medical-examination program. Mental illness is responsible not only for a tremendous amount of lost time and decreased production, but also for a great deal of labor trouble and other unpleasant relationships among the workers themselves and between management and employees.

The mental aspects of industrial employment in the United States, with its more than 50,000,000 employees, present a tremendous problem—a problem that is not only extensive,

[1] See "War Work in Canada," by Clarence M. Hincks. MENTAL HYGIENE, Vol. 25, pp. 10–13, January, 1941.

but difficult and delicate as well; and since no "cure all" is available, we must proceed with extreme care in the development of a sound policy, if we are to expect any degree of continued success. In general, it would seem advantageous to require mental examinations as well as physical examinations of all workers. In some circumstances this approach does not appear to be practicable for many industries, and it is absolutely impossible under present conditions.

Let us, then, consider some of the possibilities that are open for the institution of such programs in industry. It is apparent that an examining program of this nature is not the only requisite for proper job placement, but it is the foundation from which we must begin. The initial contact of any individual who seeks industrial employment is with the employment or personnel department. It is here that the first opportunity arises for the applicant and the employer to "size each other up" and make a good or a bad impression either physically or mentally. Those employed as interviewers have an excellent opportunity for the evaluation of personality characteristics. The first impression is extremely important, and everything possible should be done to make the interview pleasant and to place the applicant at ease. If this is not done, the result cannot be entirely satisfactory to either party.

It seems advisable also that the interviewers be properly equipped through training and experience to decide the type of work for which each applicant is best suited. I visited a large plant only a few days ago and noticed a group of from fifteen to eighteen men assembling small parts, consisting of tiny nuts and bolts. Several of the men were very large, weighing at least two hundred pounds, and were extremely clumsy. I don't believe I've ever seen anything quite so awkward as their handling of these tiny parts, and the production rate must have been extremely low. Those big, husky men even looked a bit sheepish, and I'm sure that their labors were not conducive to good morale or self-respect.

Providing the applicant passes this first hurdle, he is admitted to the medical department for a physical examination. Just how far the medical department should go in the matter of mental examinations, I am not prepared to say. It is my opinion that this phase of the placement program is

quite specialized and should, therefore, be handled by those with special training. However, the medical department should be familiar with the procedures and able to recognize those individuals who should be referred to the specialist for individual tests.[1]

After successful completion of the medical examination, the applicant becomes an employee and is assigned to a specific task under the supervision of a foreman; and from this point on, his only contact with the company is apt to be through his foreman. The foreman, therefore, is the "key" individual in so far as personal relationships are concerned. It is extremely important, then, that management take great care in the selection of its supervising personnel as well as of its interviewing staff. These two departments are, in my opinion, to a great extent responsible for an harmonious relationship between the employees as well as between management and labor.

Many of the problems that arise because of mental conflicts or maladjustments in the industrial group can be solved, or at least alleviated, by the proper application of human understanding. Through the personnel department and the medical department, the frank undesirables can be eliminated and the other applicants properly placed in accordance with their mental and physical aptitudes and abilities. After employment it should be the duty and responsibility of the foreman to lead and encourage his charges in such a way as to promote a wholesome attitude toward the plant, their work, and their fellow workers. This type of leadership requires a great deal of tact, and only those who possess the desired qualities should be placed in a supervising capacity. It is my contention that industry should also provide training in the handling of personnel for the men selected for its supervising staff.

Modern industry has made rapid strides in production methods since the industrial revolution, but in so doing the relationship between employer and employee in many industries has suffered. There is no longer the intimate contact between the boss and his crew that existed in many plants

[1] For more details on this point, see "The Humm-Wadsworth Temperament Scale in Job Placement at Lockheed-Vega," by F. E. Poole. *Industrial Medicine*, Vol. 11, pp. 260–63, June, 1942.

before the period of mass production. In that day the boss not only knew his men by their first names, but was also intimately acquainted with their personal problems and often served as an adviser on economic and family difficulties. I feel certain that if this close relationship and consulting service were still available, many minor emotional conflicts could be alleviated before serious maladjustments develop.

Not long ago I visited a plant that employs approximately 550 workers on the night shift. In attempting to locate a foreman, I discovered that the entire supervising staff consisted of one foreman and a "straw boss." In addition to supervising production and maintenance, both had certain clerical duties to perform. You can well imagine the amount of time and interest that this foreman had to give to the personal welfare of each employee, and yet the worker had no other contact with the management unless it were through a personal grievance that he could place in the hands of the union steward.

There are two definite possibilities that I should like to suggest for the promotion of better supervision, which indirectly may do much to improve labor relations and the general attitude of the worker. The first I have already mentioned—the proper selection of foremen. They should not be chosen solely for their ability to get out production, but for their ability to lead men with the least amount of friction. They should possess a keen knowledge of human nature and take an active interest in the welfare of the employees, not only while on the job, but in their everyday living. Then and not until then will the worker feel any great sense of loyalty toward his employer. Some may say, "But we do all these things through our benefit associations, and so on." This may be true, but nevertheless the personal touch is lacking, and the workers often feel much as they would when going to a bank or to a loan agency, even though the interest rate may be lower.

My second suggestion is that the foreman's responsibility should not be spread over too large a group. If the groups are too large, the foreman will not have the opportunity to become actually acquainted with his men; he will not be able to instill confidence and to assume the rôle of counselor. To permit of this, I believe that a foreman should not supervise

over fifty men, and in some instances twenty-five men. In addition, much of the clerical work should be assumed by a clerical staff, thus allowing the supervisor more time for personal contacts.

Since women now constitute a large percentage of our industrial workers, a few words with regard to women employees seem to be appropriate here. The present need and importance of women in industry is apparent and their transitional replacement of men is advancing rapidly. They are being employed by the thousands—married, single, and widowed, some from distant parts, but chiefly from local communities. They become dissociated from close ties, leaving homes, farms, schools, or clerical positions to enter a new and dynamic field, a new type of work, and a new way of life.

They should be placed in industry according to their physical characteristics and their emotional stability, in order that they may more readily adapt themselves to their new work and environment and adjust themselves to the various shifts and hours of work. Training courses prepare these women to some extent for their new work and also provide them with additional courage and accustom them to a new environment. There is, however, a certain amount of confusion and conflict of ideas in the mental attitude of the new worker, and no doubt many will be unable to make the necessary adjustments. The conflict between the desire for high wages and the demands of duties at home, the problems relating to husbands and children, the personal inconveniences, and the importance and newness of the work, add to the tension and confusion.

These conflicts may lead to certain types of neurosis and may take the form of phobias or fears. There may be apprehension about certain operations; there may be resentment over the interruption of family life, and dread of the loss of family affection. Neuroses associated with pregnancy may be accentuated.

These facts again indicate the need for improved employment facilities and consultation services for bewildered workers and their families, and it is sincerely to be hoped that the mental aspects will not be overlooked in seeking the solution.

So much for women in industry. There is another feature of the problem, however, for which the employment of women is indirectly responsible and that is the high delinquency rate among the sons and daughters of employed mothers. Juvenile delinquencies have increased tremendously in all sections of the country, and it may be well to consider restrictions against the employment of women with adolescent children. The teen-age child needs constant home supervision, and if this is substantially lacking, we can expect dire results in dereliction and crime.

To summarize, it is well known that present methods of hiring and supervising are not as thorough and as comprehensive as they might be, and I have attempted to suggest certain improvements.

The personnel or employment department is responsible for interviewing applicants and has the task of assigning medically accepted workers to jobs commensurate with their individual aptitudes and abilities. At this point it lies within the power of the interviewer to lay the foundation for a desirable relationship between the employer and the management. If the interviewer is properly trained in the art of handling men, and possesses a keen understanding of human nature and of the anxieties that beset the applicant, he will be successful in establishing the basis for a harmonious relationship.

Once on the job, the worker loses all contact with management except through his foreman; in order to assure a pleasant relationship, therefore, it is important that foremen be chosen not only for technical skill, but for their ability to lead rather than to drive. To facilitate leadership and to enable the foreman to make the needed personal contacts with his men, it will be necessary to reduce the number of workers under his jurisdiction and to free him of much of his clerical work.

A program of this nature should contribute materially to a better relationship between labor and management. Quite often misunderstanding and strife are due to errors of omission rather than of commission, and the golden rule never had a better opportunity than at the time when the employer and the employee are on the threshold of their association.

MENTAL HYGIENE AND THE INDUSTRIAL PHYSICIAN

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YOU have just heard Dr. Markuson's very modest denial that he possesses the qualifications of the psychiatrist, the psychologist, or the mental hygienist. Those of us who are acquainted with his accomplishments and his complete familiarity with all the problems of industrial hygiene are aware that his remarks come from a great fund of knowledge on the subject, and that he is as well qualified to speak on the mental processes of workmen, both normal and abnormal, as he is to discuss air contamination or industrial accidents.

We agree that few cases of frank psychosis find their way into industrial employment. Occasionally we do find that we have employed such a person during one of his periods of comparatively normal behavior. Usually he breaks down completely in a few days. His peculiarities are promptly noted, he is referred to the medical department, and in due time the proper disposition is made of the case through appropriate channels.

We used to have a number of paretics who became disabled after several years of satisfactory employment. But for the past three or four years, we have done serologic tests on all employees, and there has been a definite decrease in such cases, because, we believe, treatment has prevented development of the disease to that stage.

The psychoneuroses which, as Dr. Markuson points out, give us most trouble in industry are the results of emotional conflicts. Probably a great number of these arise from a condition of constitutional inadequacy. Just as we find people who have failed to achieve success because of poor physical material that they inherited, so we find those who inherited a nervous and mental make-up that could never quite withstand the strains incident to making a living, competing with their fellows, or in other ways adapting themselves to their environment.

I am impressed with the fact that more than 20 per cent of the rejections in Selective Service have been for mental and nervous conditions. In industrial examinations, certainly far fewer are disqualified on such grounds. Of course the demands of industry are much less exacting than those in the army. Some jobs in industry may require men who "can take it," to use the workman's vernacular, but many others are such that there are no great demands either on physical or on mental ability. The hours are not long, there is no active competition, no undue speed or worry about the results of the operation. In such times as these, when work is plentiful and pay good, we would expect fewer breakdowns than we had, for example, during the early thirties. This is, in fact, exactly in accord with our experience. We are having far fewer failures from psychoneurosis than we did ten years ago.

One notable exception is the case of the supervisor who suddenly finds himself faced with the tremendous responsibility of undertaking new jobs for which his previous experience has not fitted him. I have seen men who have been very successful for years who suddenly became panicky and could scarcely sign their names legibly because they were overwhelmed with the magnitude of some unknown job. Their superiors demanded what seemed to them to be impossible achievement. Their employees, on the other hand, were untrained and incapable. Few of the latter feel any heavy responsibilities in such a crisis; they let "the boss" do the worrying.

It is most significant that we have fewer claims for compensation for accidents now than we had a few years ago. I believe that this is not entirely due to a better safety record than we had then, but can be traced in part to the fact that, for the time at least, our employes are not apprehensive of losing their livelihood. They see a good job with good pay ahead of them for several months—perhaps years—and the reassurance fortifies them. Then there is the feeling of patriotism, the desire to "get in and pitch," the conviction that, to win this war, all are needed. This acts as a powerful and a very healthy stimulant to all except those who are almost hopelessly inadequate. Often we find young fellows who implore us to treat their minor injuries so that they will not be rejected by the army examiners. These fellows

will not break down. On the other hand, there are those who complain for weeks about failure to recover from some minor injury, and eventually ask us to write a letter to the draft board stating that they will be disabled indefinitely.

To offset the wholesome effects of war stimulation, we find ourselves in the predicament of having to employ in industry those disqualified by the army, those who once retired on account of age, and great numbers of women who have never worked in factories. It behooves us to exercise that care in placement which Dr. Markuson recommends. We must be prepared to be a little more lenient, and to employ the right proportions of sympathy and firmness in leading these people along the industrial path.

About a month ago, at the National Safety Convention in Chicago, Dr. E. C. Holmblad read a paper in which he showed the importance of the will to recover. He presented three cases of people who had had terrific accidents, but who, as Dr. Holmblad so ably proved, had the will to recover. These were all people who, in my opinion, inherited good mental fiber. All had struggled to promote themselves before their accidents, and no amount of pain or threatened deformity could destroy the drive to adapt themselves. They have surmounted difficulties that would have forever ruined others of less resistance. We would like at this point to call attention to the same spirit of confidence and determination displayed by the doctor, which we believe was contagious.

We believe that inability to adapt one's self to one's environment, which Dr. Markuson shows is the basis for psychoneurosis, too often arises from defects in chilhood training. Perhaps the parents were unwilling to put the child "on his own" early enough and completely enough. Consequently, the individual is too suddenly compelled to assume responsibilities for which he has not been prepared, and breaks down soon after he is exposed to his first real struggle, which he often encounters on his first industrial job.

We agree with Dr. Markuson that, ideally, mental examinations are indicated. We also agree that in the present emergency, they are impossible. He stresses the importance of able interviewers to handle applicants for employment. Too often, we think, this job is turned over to bright, but inex-

perienced young men. We feel that, as a rule, the sober judgment of older persons is indicated.

After the interview, the prospective employee goes to the doctor. Too often the latter takes the measure of the man's mental assets, but assumes no responsibility in regard to them. He feels that he is expected to examine the man only from the point of view of physical qualifications and that, having done this, he has fulfilled his duty. Only occasionally does he pick up an outstanding case, like the man who presented himself to us wearing a complete suit of metal armor in lieu of the conventional underwear, in order, he said, to "make him a safe worker."

Dr. Markuson recognizes the need of close contact between employees and supervision. I have never seen such loyal coöperation as I did at a plant that I visited recently in which only about three hundred men were employed, and the owner and manager was in continual contact with his men. We believe that fifty men per foreman—or better yet, twenty-five—would be ideal.

As to the relations of the medical department with employees, we have always insisted that we have nothing to do with matters of compensation or employee relations except in a way that would demonstrate our unprejudiced point of view. We want the employees to feel that we are employees, too, not "The Company," and that we are impartial in our treatment of them, so that they may rely on us for guidance as well as medical treatment.

Proper understanding of the mental and emotional processes of employees, their proper placement and guidance, demands a knowledge that can best be obtained by careful study both of normal and of pathological reactions, followed by a considerable amount of practical experience in the field.

The knowledge of handling industrial employees, like the practice of medicine, is both an art and a science.

THE SELECTION AND TRAINING OF LEADERS AS A FACTOR IN INDUSTRIAL MENTAL HEALTH

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MENTAL health in industry is largely dependent upon working conditions. Some of these conditions can be improved by introducing new equipment or safety devices, but by and large those things that relate to mental health are the intangibles, hard to recognize and impossible to supply by simple expedients. This makes the problem difficult, but not impossible of solution. All efforts to improve health depend upon a recognition of the factors that assure good health. This is as true of mental health as it is of physical health.

It is just as important that those responsible for the worker's efficiency become familiar with this area of knowledge as that they acquire facts about safety, tool manipulation, machine skill, or any of the other aspects of production. There are many companies that provide excellent facilities for mental health, but the training of the leaders upon whom rests the responsibility for the maintenance of good conditions too often depends entirely upon managerial precept rather than upon organized efforts and, as a result, periods of stress or changes of management bring about dire results. It is important that men or women who are to move into positions of leadership have an opportunity to become familiar with the basic facts about sound mental health, and that they themselves become skillful in applying this knowledge.

A position of leadership in any organization involves more than being a boss. It involves having a knowledge of human beings and a sensitivity to social relations that assures both the worker and the leader of a certain degree of security and that minimizes the normal fears and defenses that beset the best of us. This being true, there are at least three problems with which a company must deal in order to assure itself of leadership that possesses these necessary charac-

teristics. They are the *problems of selection,* of *pre-training,* and of *in-service training* of *leaders.*

If the leader, be he sub-foreman or manager, is to do a good job, he must be skillful in handling people as well as materials. The mental health of the worker, as well as of the leader, depends almost entirely upon the skill of the leader in this respect. This being true, it is important that he have the opportunity to acquire this skill in the most economical manner possible. It is just as important that, in his selection as leader, consideration be given to those qualities that will assure him a relatively high degree of success in acquiring this skill. This latter problem will be considered first.

What do we know about the selection of leaders? Not too much. The field is wide open, therefore, for study and development. There are a few things however, that can be said about this important problem. Burnham has clearly distinguished between two kinds of leader—those who dominate by strength of character, pleasing personality, or prestige of position, and those who are developed by training to note the individual talents of the various members of the group, to give to each the opportunity to become superior in some field, and then to integrate these different abilities for the common welfare. It is the selection of this second kind of leader that leads to better mental health in industry.

Looking for traits of character, either in an interview or by means of tests, has never proved to be very useful. It is doubtful whether continued efforts along this line will ever prove fruitful, for the simple reason that the so-called traits are seldom general enough in any one individual to be a reliable criteria of that individual's activities in any specific situation.

There are lines of investigation that will produce better results. The thing that is important to know is what the individual actually can do and what he likes to do. A good potential leader is interested in people as well as in things. He not only likes people, but he likes them well enough to become skillful in working with them. It is important that this potentiality be recognized when the individual is first hired, and that he be hired with this in mind. The old idea that every one may become the president of the company if he

works hard enough is sadly outmoded, and it is also an error to hold potential leaders on routine jobs so long that they lose interest and become slovenly workers or are lost to that particular company by quitting or being fired.

How is this interest in people and sensitivity to social relations to be discovered at the time of employment? Questions as to previous activities will indicate clearly what the individual has done. This exploration of past activities should include school, home, church, and hobbies as well as actual work, as the individual may never have had an opportunity to use his best talents on a job. An analysis of what the applicant has done should quickly indicate the trend toward an interest in working with people as well as with things. Where large numbers of applicants are being interviewed, leading questions aimed at eliciting this information should be developed in advance. Time can often be saved by developing a questionnaire type of application form. The present trend in the development of this type of form is to bring out quickly and specifically just the information desired.

Great assistance could be given business and industry if the schools would give more attention to this problem. The earlier a potential leader is discovered, the better. Most boys and girls with potentialities for leadership will begin to demonstrate those potentialities long before they reach the junior-high-school age. If these talents could be given more opportunity for development, liaison officers between school and business would be in a much better position to suggest good material to employers.

The important thing is that teachers should consciously look for leaders on a basis very different from that usually employed. A recent experiment by Howell has established fairly well that the qualities of leadership are not necessarily associated either with scholarship or with intelligence. Many personnel officers have made the mistake of assuming that good school marks mean leadership ability. The German Buttgereitt pointed out some years ago that the potential leader is recognized by his ability to estimate what the group considers important, to be able to acquire skill enough in that accepted activity to give him prestige amongst his fellows, assuring him of a genuine emotional satisfaction in his

work. If with this genuine satisfaction he has a feeling of self-assurance and a feeling of social responsibility, he is almost certain to be an accepted leader of the group.

It is rather interesting that so much of this description has to do with the individual's feelings. This is undoubtedly the most important key to the selection of acceptable leaders, and it is the reason that so much emphasis has been placed upon it in relationship to the mental health of workers, for the mental health of all of us depends so much on feeling that the leader who is capable of refined social feeling assures all of a greater social security. It is important to note that the implication is that the leader is accepted as such by the group with which he works and that selection upon any other basis will prove disastrous.

Enough has been said to indicate some of the directions that need to be taken in the better selection of leaders. What to do about their training and development when recognized is the next problem.

The pre-training of the future leader should begin at school. It should be carried on systematically and thoroughly, in such a way that the student not only learns about being a leader, but also has the opportunity to be one during the training period. He should learn on the job.

Leaders are required for all kinds of work. Some of this work is highly skilled and technical, some requires little skill and no knowledge. The school makes a mistake when it assumes that only those will be leaders who attain high standings in certain types of book work. Quite the contrary is the case, and the criterion suggested earlier in this paper is a much more practical one. The important thing is to find the leader who is acceptable to the group in any kind of activity and then to set out to develop his abilities within the limits of his work potentials.

Many boys and girls who do not do very well with the verbal type of material required of them in high schools are going to fill jobs in factory and business, and from their ranks will be drawn the sub-foreman and foreman, and so the leaders in their ranks are as important as those from other groups, or even more important.

The more work opportunities there are at school, the more chance there will be for leadership training. The laboratory, shop, workshop, and activity types of program are much

better for this purpose than the individualistic academic procedures. The good teacher should learn to do little and to delegate much. When potential leaders are discovered, they should be given the opportunity actually to take leadership responsibilities. As they make mistakes, correct procedures should be demonstrated to them.

With most boys and girls, the fundamental thing that they have to learn first is to direct rather than to boss, and this involves much instructional aid in the organization of activity. Every moment of the school day should have its possibilities for those who can help with others. Teachers need to be trained in directing these activities and in giving youth the skills involved in solving the problems of social relations. This is a body of curricular content that has still to be developed, but that must come soon.

With a well-organized training program in the schools, the pre-training program in industry and business would be easier. Much of the basic skill and information could be acquired before the individual went into his first job and his progress toward positions of leadership could be shortened.

Looking forward to the time when this will be true, industry must, in the meantime, set up its own pre-training program. This has to be done within the framework of the work organization. Ideally, the leaders on the jobs should be responsible for the training of new leaders. This is not always practicable because the leaders on the jobs do not have the knowledge or the skill that this particular task requires. This necessitates consideration of the in-service training problem in conjunction with the pre-training program. Indeed it is best to consider the in-service training first and then to indicate the developments for pre-training that must follow.

The general plan for leadership training in any one plant need not be changed materially to achieve this purpose. What may be needed in addition is the assistance of a trained personnel to help with the problems of human relations, and a well-developed body of study material. It is also much better if the trained personnel can have time to counsel individually with the men and women involved, as the information acquired must be translated into action and often the foreman, supervisor, or manager is himself so involved in conflicting emotional problems that he is incapable of accepting,

to say nothing of carrying into practice, the principles and procedures he is learning.

It is this necessity of being able to do, as well as to know, that makes the problem so difficult. The leader must be secure himself, so that he can make others feel secure, which means that he must have no fear either of his superiors or of those whom he is supposed to supervise. His acquisition of this security depends upon certain features of the organization as a whole, and he himself must know his own job very well. To be skilled in his own work is the first prerequisite of the good leader, which is the reason that it is a mistake for an outsider, who is not familiar with the actual work to be accomplished, to undertake the management of men or women on the job. It is also the reason why the old formula, "Work up from the bottom," is so important. If one already placed in a position of responsibility does not have this prerequisite, then it must be acquired before he can hope to become secure enough to be an acceptable leader. It is, therefore, necessary that the person who is helping with the training program have access to the management to talk over possible plans for the general development of leaders in service.

The leader, then, must be respected by others for his skill and understanding of his job, but he must also have confidence in his ability to get along with others. It is in this area that he may need much help, for if he is to be a leader, he must give others the feeling that he is working with them rather than over them. This is the stumbling point for many individuals as well as for many organizations as a whole. If the workers do not feel that the management is with them, there can never be really good mental-health conditions in that organization. If a foreman, supervisor, or manager does not give his employees the feeling that he is with them, they are always apprehensive as to what may be done to them, and so is nurtured the seed of fear which leads to all kinds of mental disorder. This fact is so basic to the problem that leaders who cannot surmount an inability to work with others should, within a reasonable length of time, be "promoted upstairs," as the saying goes. There are many positions of importance that do not require this ability, positions in which capable men can achieve the status important to them without the risk of injury to others and to the organization.

When a staff of leaders has been developed who are capable of working with others, then some of the more concrete problems can be faced. The first and most important is a scheme for intercommunication. One of the most serious breeders of mental disorder is uncertainty. If the people in an organization feel that they know what is going on, they in turn feel free to discuss their own personal problems with those in responsible positions, and so there will always be a common ground for action. Plants that foster this kind of human relationship never have to fear those festering sores that lead to industrial strife. Gripes, family troubles, managerial difficulties, and financial crises can be shared by all to the advantage of each.

The actual method of putting into effect this fundamental principle may vary from plant to plant. Some favor a formal plan, some an informal one. Some prefer trained personnel men in addition to the regular staff. There are many advantages in having some one outside the actual work situation to whom employees can go with their troubles, and the training program can always be worked out much more easily under this plan. The studies at the Hawthorne plant indicated that the plan can be worked out to cut across any type of organization with equally good results, although that particular organization favors the non-administrative personnel organization.

The size of the plant undoubtedly has considerable bearing on this particular problem. The important thing is that there be completely free lines of communication from top to bottom and from group to group within the total organization, for the individual is always affecting the total and the total always works back upon the individual.

Another problem of great importance for the mental health of the worker is the recognition of his social status. Prestige is for each of us one of his most prized possessions, and an organization that does not take this into consideration can do great damage to its workers. The ability to know what each individual can do, what he thinks he can do, and what others think he can do, and to bring all three to bear at one realistic point is one of the skills that the leader must acquire. To fail at this point is to lose respect and so to lose his own prestige in the organization, which leads to defensiveness and lack of efficiency. This whole problem

involves having the right person on the right job, and is one of the first responsibilities of the personnel department. Men held too long on a job when capable of advancing, or men pushed beyond their capacities, invariably develop mental symptoms that may have serious consequences. This is one of the areas of experience and knowledge that must be mastered by the leader either in periods of pre-training or while in service.

The good leader should very soon learn that his skill in dealing with this problem of social status determines to a very large extent the happiness and well-being of the members of the organization. It is also one of the most potent factors in motivation. When the members of an organization know that they are going to be given the greatest possible amount of recognition for their services, they never have to worry about their prestige, and as a result their working efficiency can reach its maximum point. Compared to this, wage incentives are relatively weak as a device for motivation.

These are some of the major problems involved in securing sound mental health in an organization. Some of the actual skills that leaders must have to be successful have been discussed. There should be available to the leader or prospective leader much information about human beings which can be added to his store of knowledge. This body of material is being prepared in some parts of the country and should prove very useful.

When the leaders who are already in service have become very skillful and well informed about the problems of human beings, then they in turn can train the oncoming leaders. This can be done either formally and systematically or informally through an apprentice system. The assistance of the outside specialist will be necessary only as an aid to the teacher-leader when he feels the need for some added skill or information. The relationship to the total organization need not be nearly as intimate in this case as when the older members of the staff were being trained.

With such a plan for leadership selection and training, every industry can look forward to the time when it can be certain that the mental health of its employees will be cared for.

CONTRIBUTIONS OF COMMUNITY ORGANIZATIONS TO INDUSTRIAL MENTAL HEALTH

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IN TOTAL war, the health of the industrial worker, of his family, and of other civilians is as important as the health of the men in the armed services. It is indeed encouraging to know that in army health programs a genuine interest and concern is shown for the mental and emotional fitness of our fighting forces. We are slowly beginning to realize that the mental health of our civilian population in total war is of equal importance. Our civilian mental-health programs in this country are not organized and coördinated as public-health programs are. Perhaps this is because there are too many divergent opinions as to how to formulate and operate community mental-health activities. Too many people have been, and still are, indifferent to the mental and emotional fitness of our citizens, not only in normal times, but even in this present crisis. The present war crisis has suddenly emphasized the importance of industrial mental health as a prime essential for maximum war production. Industrial mental health is not a superficial stimulus for a temporary speed-up of production. It enables our workers, as well as our soldiers, to look forward to a reasonable measure of security and satisfaction in the America of the future.

The title of this paper suggests that mental and emotional health cannot be isolated and nurtured alone within any industrial plant or organization. The best industrial mental-health program will be developed in those localities in which community organizations share and coöperate in such efforts with war-production plants.

Every person in war industrial work, be he plant manager or sweeper, has personal problems. Generally speaking, these problems are of two types—(1) difficulties and disturbances on the job and (2) annoyances and irritations at home. No matter where the difficulty arises, it affects the performance of industrial personnel on the job. The mind

that cannot become absorbed in the job at hand, because of the distractions of personal problems, has damaging results upon the quality and quantity of accomplished work.

What, then, are the basic requirements for industrial mental and emotional fitness? First, the individual should be trained for and desirous of performing useful employment; and second, he should be alert and free from fears, worries, anxieties, and exhausting tensions. He should be capable of complete relaxation when opportunities offer, and equally capable of getting back to the job at hand without delay.

To-day, industrial war workers are working under numerous pressures and handicaps of equipment. Many are making adjustments to longer work hours, different shifts, and new positions that involve the use of new and unfamiliar machines, as well as different muscular responses. It is important that community organizations provide wholesome play activities for all. A person who enjoys a game or a hobby has a refreshing experience. Undoubtedly, gasoline rationing will cause new recreational problems and will make it more imperative for communities to provide adequate facilities. I raise this question: As more and more mothers are employed, will it not be necessary to provide supervised play for children of working mothers and families?

The problems of children are increased in times of total war. The radio, the press, photographs, and moving pictures, along with practice blackouts and air-raid drills at school, constantly inform them that war is more than just wearing a uniform and marching in a parade. They have become well aware of the reality of war's death and destruction. Many children have become fearful and extremely unhappy because of the war. This has influenced their behavior and has created many problems in the school and in the home.

Again, the critical need for implements of war takes more of the worker's time and energy and leaves him tired and with less time to share the pleasures and problems of the family hearthstone. Working mothers further shatter the child's home life, frequently leaving him alone and unattended in a vacant home. Aged relatives are often invited to take up residence in the homes of working families, to supervise the children, prepare meals, and so on. Children do not always accept these parent substitutes pleasantly and often protest

against their intrusion. Thus, there has been a pronounced rise in the rate of delinquency, especially the minor types, and of school problems. These reactions of their children to the new problems born of the war are sources of worry to industrial war workers. Schools, social agencies, and friends of families with children can help to reassure children during these troubled times, so that they can live comfortably and not, in turn, be a source of worry to the industrial worker.

Still another suggestion seems timely and not too impracticable. In many war-production areas, employers could refer prospective working mothers to competently staffed social agencies, to decide whether their employment would be likely to result in any of the social and mental problems that are apt to be created by a mother's leaving home to work. Mothers frequently wave the banner of patriotism as their reason for accepting war work, when actually their real desire is to escape home responsibilities. And while we are on this point, let me say that fathers also have deliberately enlisted in the armed services under the pretext of patriotic duty, in order to escape the task of providing for home and children.

Great Britain has learned that children who were evacuated to unfamiliar countrysides during bombing raids suffered more mental disturbances than those who lived through the bombings close to the love of trusted parents. So, again, community agencies and organizations can contribute to civilian and industrial mental health by providing home-like friendships and environments for children and adults uprooted by the call of industry or by any act of disaster.

Within the last few months, the state of Michigan has opened four child-guidance clinics, known as children's centers, each staffed with a full-time psychiatrist, trained in children's work, a full-time psychologist, and a full-time psychiatric social worker. These centers are located in industrial communities. They are financed by the state and are under the supervision of Dr. Frank Tallman, Director of Mental Hygiene of the State Hospital Commission. Their function is to help children understand their problems and to work with schools, social agencies, probate courts, industrial plants, and so forth, to interpret the problems of children as they exist to-day.

The schools can help to alleviate the fears and anxieties of children and add to their stability by providing activities that permit participation in a common cause related to the community war effort. It seems to me that schools can certainly provide leadership in the use of existing recreational facilities in organized and supervised play for children after school and on Saturdays. In populated war-production centers, supervised recreational facilities for children should be a joint responsibility of the social agencies in coöperation with city and county governments.

Family worries, other than children's behavior, that interfere with mental and emotional industrial fitness are the conflicts that come up between man and wife. These problems are familiar to every one. There is no evidence to suggest that war is a basic cause of marital and family discord. But total war does test the emotional fiber and the morale of civilians. Executives of social agencies inform me that wives complain of the irritability and hostility of their husbands. Fatigue and exhaustion cause discord and dissatisfaction in the marital relationship.

Family financial problems are still a source of conflict and irritation, in spite of increased wages and family incomes. Individuals and families rush to purchase goods that have been denied them during the past few years because of inadequate income. Problems in this category cause much distress and anxiety and thus influence mental health. Consumer organizations could be of help here by developing more extensive programs of interpretation of consumer credit and consumer purchasing.

Inadequate housing also is a source of mental and emotional conflicts. A partial solution of this problem is already under way in the government housing projects. It is just a small beginning, but apparently one in the right direction. Perhaps we shall see greater efforts to decentralize the population of cities after the war. Such a program might partially relieve the strain on the elementary grades of congested city schools. This is important if we would have the schools share the responsibility of helping children to become emotionally mature and mentally fit.

Community agencies that have staffs skilled in dealing with such problems could be of more assistance if union and plant

officials would be quick to direct troubled and perplexed persons to them. Almost every industrial community has a family consultation bureau, financed by funds received from corporations and union employees, through community funds and war chests. These agencies can give excellent counsel and guidance on matters relating to family financial problems, marital discord, child care, health worries, personality conflicts, and problems of nutrition within the home.

Men who have been rejected at induction centers for neuropsychiatric reasons are frequently embarrassed and disturbed by community attitudes toward such rejections. The real purpose of the psychiatric examination at the induction center is to screen out those who have not the mental and emotional aptitudes to adjust to army life. Communities have been negligent in not establishing facilities for the guidance and counseling of rejected men and thus helping them to understand their rejection and to feel less disturbed over it. Such a program could be worked out by community social agencies in coöperation with officials at the induction center.

We in Michigan have created an industrial mental-health council made up of representatives from government, management, labor, and the medical profession. A subcommittee of the council has prepared material to be used in training stewards, shop foremen, and personnel men to recognize sudden changes in the employee's behavior that indicate impairment of his mental and emotional fitness. The council plans to sponsor foremen-training work conferences on industrial mental health. The material will also be used by labor-management committees of the unions. This industrial council is encouraging closer coöperation with, and greater utilization of, community health and welfare agencies in helping to reduce those problems that cause worry, fatigue, fear, and tension and that impair the employee's mental health and thus retard production. There will be extreme cases where the mental disorder of the employee is so serious that special treatment by a psychiatrist, or even institutional treatment, will be indicated. This is a problem for competent medical authority. The objective of an industrial mental-health program is not the recognition and correction of advanced cases of mental illnesses.

The Michigan Society for Mental Hygiene holds numerous conferences each year in different areas of the state. The purpose of these meetings is to interpret the mental-health problems of children and adults to lay and professional people. We have been diligent in our efforts to have the state provide facilities, such as the child-guidance clinics previously mentioned, as local sources for the treatment and prevention of problems of children that cause much concern in the home and thus impair the efficiency of the worker.

Mental-hygiene clinics for adults are something to be desired. Such community services will be developed after the war when psychiatrists will be available to staff such clinics. These clinics will serve young people and adults with incipient emotional problems that arise out of the multitude of strains and stresses of everyday living and that, when left unsolved, interfere with personality development and vocational harmony.

Commendable efforts have been made in the direction of vocational education. Much technical material has been assembled for teaching purposes. Psychological tests have been developed to measure and test individual aptitudes for specific types of work. Psychiatry and mental hygiene have given little support in helping teachers and students to understand some of the reasons or motives behind the selection of a particular vocation or type of work. Can we expect secluded and protected teachers to give competent advice to students about complicated activities such as we find in the professions and other occupations? If vocational-guidance workers and those in the field of mental hygiene could coöperate in the future, a very positive gain would be made by community agencies in promoting industrial mental health.

What are the contributions of community organization to industrial health? At the moment, this speaker feels that such contributions are still to be made. All communities have useful resources, but these are being used only fragmentarily. There has been too much of a tendency to create new agencies to deal with current civilian war problems, instead of utilizing existing community organizations.

A FACTOR IN THE SEX EDUCATION OF CHILDREN *

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ANY discussion of the various techniques for imparting sex information to children should, I think, include one factor at work in this phase of the child's education that perhaps is not generally recognized, or, if it is suspected, is not usually given its due importance by physicians, teachers, and parents. I refer to the almost universal *resistance* on the part of children to acceptance of the truth regarding sex and sex differences and their future adult sex rôles, when we as adults —well informed, well intentioned, and as objective as we can be in such matters—attempt to instruct them and when they themselves ask for the truth.

Perhaps it is only when you have noted in many cases that, even after the most carefully planned and conducted educational sessions with the child, he or she will still cling to some bizarre and false set of concepts, that you become aware of an antagonist within the child with which you are likely to be confronted in this field of education—an antagonist strong enough to defy your notes, your books, and—worst of all—your logic. At such times, I think, we become a little more understanding and tolerant of the difficulties of parents as educators in this field, and perhaps somewhat less condemnatory of their failures. For it seems to me that we, as well as they, have failed to take into consideration two very important aspects of the child's attitude toward these emotionally highly-toned matters—namely, (1) what he already feels or *wants* to feel is the truth about sex; and (2) why he feels the necessity—almost a compulsive necessity at times—to continue to accept as true that which his faith in your superior

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knowledge and sympathetic helpfulness should convince him is false. I think that every one who has had experience in this phase of education will agree that this antagonist is real and powerful, and that it must be considered, regardless of which of the many and varied helpful techniques one may use in one's teaching.

To get at the cause of this resistance, let us consider for a moment what seems to be the obverse of this factor—the child's unquestioned *curiosity* about sex, sex differences, and the origin of babies. No one doubts for a moment that this curiosity exists, and in its presence it is perhaps difficult to believe that there is present also a resistance to the satisfaction of curiosity that may act as a block to sex education. How can curiosity about the truth and resistance to acceptance of the truth exist at one and the same moment?

To get a possible lead as to the origins of this inconsistency in child behavior, let me take you back psychologically to the days when the Behaviorists were the most fashionable and the most up-to-date of all the psychologists. In the Behaviorists' epoch-making fight with the instincts, as outlined by MacDougall, they eliminated the so-called instinct of curiosity by means of an example which was ingenious and which, I hope, will be of service to us here. Perhaps you remember the example. A dog is running in the deep woods. Suddenly he sees another animal. Having learned from previous experience that certain fur-bearing animals that run in the woods are rabbits, and knowing that rabbits are delicious eating, he is impelled to *go forward* and seize the prey. At this moment, however, he also recalls from past experience that *all* fur-bearing animals are not rabbits, but that some are large fur-bearing animals that may hurt, and some are small fur-bearing animals that may make him feel uncomfortable. He is, therefore, momentarily fearful and feels a strong urge to *retreat*. He is impelled by his aggression to go forward; he is impelled by his fear to draw back; but he does neither—he stands still and looks. He is—or was for the Behaviorists—an animal exhibiting "curiosity." You will note that, with his appetite unsatisfied, he *wants* to believe that the animal is a rabbit, but with his fear of possible injury, he *wants* to believe that it is a larger animal so that quick retreat will

take him out of harm's way. Inconsistently enough, he *wants* to solve his conflict *both* ways, but until there is a modification of both wishes—and note the element of phantasy in regard to each—he can be nothing but intensely curious. Now though I am far from being the Behaviorist I was in my undergraduate days, I am always reminded of this Behaviorists' animal when I observe the strange admixture of advance and retreat, acceptance and rejection—plus continuing curiosity—in children who are trying to straighten themselves out in their various conflicts regarding certain elements of the sex information that we try to impart.

The important questions for us to consider are: (1) What are the fears that impel the child away from the acceptance of correct information and what are their possible origins? and (2) Why are these fears so strong as even to constitute a wish to continue to believe unfounded facts and to weave satisfying phantasies about them? From the answers to these questions I think we will see that one part of sex education that must not be neglected—regardless of what teaching techniques we use—is the necessity of finding out what the child already knows and feels at the time—whatever the time and whatever his age—when he asks his questions; how strong this belief is; and what emotional factors may impel him to hold to it after the instruction that you give him.

Let me say at the outset that this whole problem of sex and sex education has been complicated by the most curious group of confusing coincidences or "accidents" that could complicate any problem—even were the problem not the most fundamental one of all—coincidences that are anatomical, physiological, medical, and sociological, all of which make this aspect of development much more difficult than it would be did they not exist.

The first and primary origin of the fears and resistance of children to sex information is due to an anatomical—or should I say embryological?—coincidence, that coincidence being the alliance of the urinary and the genital tracts and the close proximity of both to the lower end of the gastrointestinal tract. The possible unfortunate effects of these anatomical facts become apparent, I believe, when you consider that the earliest training of the child—the earliest prohibitions and, in

most instances, the first punishments—are centered about control, or lack of control, of the excretory functions—all of which can easily become associated with the functions of the genital tract at that time and may in turn be reactivated at any future time.

Such associations with the genitals and their functions may include fear of punishment, fear of loss of the love of the parent, and feelings of disgust at being physically unclean—which are all necessary, to be sure, if the child is to internalize and make a part of himself this important training, but which, none the less, may constitute a basis for later resistance to useful knowledge that you wish to impart about one differentiated portion of this anatomical complex—namely, the sex organs. These fears may easily motivate wishes not to know, and so constitute a definite block to new knowledge of body function.

To supplant these earliest associations with those noble associations connected with love and affection, parental relations, and the origins of the child himself, is by no means an easy task. To do so with any assurance that the child will be emotionally healthy and well adjusted in later life, it is necessary that the parent, the educator, or the physician be on the alert for such feelings of aversion, or for phantasies associated with them, for the resolution of both is imperative if the newer knowledge is to be acceptable. Such aversions are strong; they are disguised in many forms; and they will vary somewhat with the age of the child, with his stage of development, and, of course, with the differences in early habit training in individual children. And in this connection let me say that I am referring to normal, healthy children and not to neurotic or maladjusted ones.

There is a second complicating coincidence—perhaps I should say *lack* of coincidence—that, if treated unwisely in the earliest years, has tremendous potentialities as a source of resistance to correct and adequate sex information and the normal use of it. This complication is, in reality, a *physiological* "accident" or anomaly. I refer to the fact, observed and attested to by all parents, that even in very young children stimulation of the genital areas is pleasurable long before the child reaches the age of physiological maturity,

when such stimulation is associated with the carrying out of the normal sex act.

This is of especial importance when one considers that here is a bodily pleasure, somewhat akin to the basic pleasures of eating and drinking, that must be controlled long before the child is able to entertain abstract ideas of what is right or wrong. Such being the case, training aimed at abstinence from such pleasure-giving activities varies from the use of restrictive devices to mild or severe bodily punishment, usually accompanied by severe reprimands on the part of the parent, emphasizing the wickedness of this practice. When the child is old enough to be able to understand, threats of bodily injury, even of mutilation, may be voiced by parents or siblings. Finally the fear that insanity or mental dullness will result from these indulgences may be added.

Some of these fears are so widespread and so firmly a part of our cultural folklore that the physician instantly recognizes their probable origins and meanings for the patient, even when the patient is not fully aware of them himself. We might add, parenthetically, that the belief in a cause-and-effect relationship between this practice and insanity probably came into being through an inexact interpretation on the part of the earliest physicians, who asserted that all psychotic behavior, manifested as it is by a lack of repression of the instinctual drives—notably the sex drive—is the result of this practice.

As to the actual effect of the practice on the *physical* well-being of the individual, present-day general medicine and physiology have little to say—particularly when it comes to offering evidence of a definite cause-and-effect relationship between the practice and symptoms of illness or injury. But the case files of the present-day medical specialty, psychiatry, have much to offer in the way of evidence as to the harmful emotional and psychical effects wrought by fear of the *alleged* physical and mental harms that attend or follow the practice. Acute emotional upsets related to this phase of the whole problem of sex are encountered frequently in psychiatric practice with adults as well as with children, and they are perhaps most often seen in adolescence, when a resurgence of the sex drive places a tremendous load on control mechan-

isms and defenses that, at best, are relatively weak and imperfectly organized.

Fear of the alleged physical harm, added to the moral guilt that the child already feels for his misdemeanors, makes for conflicts and dreads that in many cases are unbearable. As physicians dealing with these problems, it seems to me that we must wait for specific evidence of physical harm from the physiologist and the internist, and then use that evidence frankly and truthfully in our individual cases. Meanwhile we must attempt to eradicate in so far as we can those notions that we know to be untrue. All other disciplines that deal with this problem are, I believe, just as eager for the *truth* about the medical aspect of it as are we, the physicians.

This early training, however, is by no means insignificant in its bearings upon the reëducation of the child in later years. The fears, dreads, and taboos associated with earlier punishments and threats for such practices, and the feelings of guilt for them and their attendant phantasies, must be resolved before accurate sex knowledge can be accepted and emotionally normal moral concepts can be formulated. One may say, too, that to aim at the mere inculcation of facts to the extent that the individual child can accurately reproduce them is perhaps not enough, for this is not always an indication that emotionally toned resistances, associated with previous experiences, are not operative and thus able to prevent the assimilation of information for socially acceptable use. For this reason I feel that it is always necessary to find out, so far as one can, what the present information and feelings of the individual child are before one can hope to instruct him adequately, regardless of what method of sex education —interviews, books, charts, analogies—one may think it best to use with that particular child.

A third factor that seems to me to be important in the formation of a resistance or an aversion to the acceptance of sex education on the part of many children is the actually noted or the phantasied alliance between injury-producing aggression and sex. This may be the result of misinterpretation of scenes actually witnessed, or it may be due to erroneous deductions made from well-intentioned instruction on the part of the parent or educator. Here, again, I think we can note

a further "coincidence," partly environmental and partly physiological, that tends to complicate this problem and to confuse the child as he attempts to find and understand the truth.

Whatever its source, the fear of severely injuring some one and the guilt aroused by the suspected association of these two powerful instinctive drives, or the fear of being injured through such aggression on the part of others—the sex of the child, of course, largely determining the type of fear—can definitely prevent the assimilation and use of much of the correct information regarding the rôle to be played by the child when he becomes an adult. The frequent occurrence of such misinterpretations and fears in clinical practice leads one to suspect that they are fairly widespread. If so, a deliberate dissociation of the alliance of these drives in the child's mind seems indicated in our instruction of him, and the earlier this is accomplished, the more receptive he will be to all other facts.

I have outlined for you some of the probable origins of a certain resistance to the acceptance of accurate and complete sex education, a resistance that must be reckoned with by the parent, the educator, and the physician. There are certain general principles arising from these considerations that I feel are applicable to all techniques of sex instruction. I will mention or reëmphasize a few of them.

1. I think we all agree that education of the child in matters of sex should be and could be carried out in the home by the parents of the child. It *should* be because it is the mother to whom the child first directs his questions and from whom he has every reason to expect a sympathetic response and a truthful answer. It *could* be done adequately by the parents if they were aided in overcoming their own inhibitions and aversions and were instructed in the educational devices most useful at various ages, and in the inaccuracies and misinterpretations to be avoided. It *will* become the function of parents in the first generation that we as educators and physicians train to assume that function.

2. On the preventive side, of course, it seems necessary that the parent, in his or her first instructions to the child, should do his or her best to differentiate carefully for the

child between the functions of the genital, the urinary, and the gastrointestinal tracts, such differentiation being directed particularly toward the functions that each system is to perform in later life. This is by no means an easy task that we set for the mother and the father, when one considers the young child's own inexact knowledge and lack of ability to understand and use words as expressions of feeling. But if the parent is aware of the possible unfortunate associations that can be made by the child between punishments and prohibitions and threats accompanying early habit training, and the functions to be expected of the genital tract later in life, it is probable that she will exercise caution in the first instance and will at a later date be more understanding of the need for reëducation.

3. A third factor of importance is the need on the part of the child for frequent repetition of the truth—and consistently the truth—in these matters. This need for repetition of the truth, evidenced by persistent questioning, should not be construed as a curiosity that is morbid or immoral, for it is really an example of the child's method of normally "working through" the material in order that whatever facts are painful or disturbing in the light of his previous knowledge may be freed of their emotional accompaniments and made available for assimilation and use. It is perhaps a model of the synthetic aspect of learning.

4. This leads me immediately to the reëmphasis of a fourth principle which I have mentioned before as applicable to all forms of sex education, whether given by the parent or by some responsible person outside of the home, and that is the necessity of being concerned with the ideas and assumptions that the child may already have acquired, which may be inaccurate and disturbing, and the confirmation or denial of which he may be seeking at the moment. Often it is enlightenment or reassurance on some particular phase of the problem that the child wants and not, for the time being, information on other or all phases of the topic. These aspects vary in their importance with the various age levels, but satisfactory solutions at that particular level may be just the prerequisite for future additions in the direction of ultimate complete information. We must seek to know what factors motivate

the question, and our skill as parents or educators will be determined by our ability to note or to anticipate the child's probable preoccupation and his needs.

Finally let me say that my few remarks on this topic of sex education are based on the feeling that education, and particularly sex education, has two necessary and vital aims. The first is the establishment of an effective control of the instinctual drives, a control to be exercised by internal, self-imposed restrictions on the part of the individual himself. And the second is such control of the environment that the individual may be protected from the unacceptable expression of instinctual drives on the part of others and that all may have a maximum of expression in ways that are socially, morally, and biologically beneficial.

THE RÔLE OF THE STUDY HOME IN CHILD GUIDANCE

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THE rôle played by the study home in the field of child guidance depends on the needs or forces that have been responsible for its establishment and development. A brief survey of the history of the New England Home for Little Wanderers shows not only how the study home operates as an integral part of a child-caring agency, but also why the study home came into existence. At the outset it is important to emphasize that the study home of the New England Home for Little Wanderers evolved gradually as a functional unit. It was not established according to any preconceived patterns. It had no axes to grind and no theories to prove or disprove. It grew, and is growing, in conjunction with the very real and actual needs of an agency responsible each year for the care of some six-hundred children whose homes have failed them or who present problems of one sort or another.

The New England Home for Little Wanderers is primarily a child-caring agency. Its study home came into being because its superintendent and directors saw the need of child study in order to carry out the agency's program of child care. The department of child study developed because it was recognized as an efficient step toward doing well the job for which the agency was established. Other departments of the New England Home for Little Wanderers, such as the hospital unit, the dental laboratory, the home-finding and child-placing departments, the school, the summer camp, and so on, have evolved under the pressure of this same need to function effectively in behalf of children who need help.

The New England Home for Little Wanderers was organized in May, 1865, under a charter granted by the Legislature of Massachusetts for the purpose "of rescuing children from want and shame, providing them with food and clothing, giving them instruction in mind and heart and placing them,

with the consent of their parents or guardians, in Christian homes." The latter part of the nineteenth century was the period when congregate orphanages or asylums were beginning to give way to foster-family care. The building that first housed the institution—then known as "The Baldwin Place Home For Little Wanderers"—provided lodging for at least two-hundred children. From the very beginning the children in the institution were temporary inmates, a change taking place "about once in three months of the entire inmates of the home," according to early reports of the agency.[1] Excerpts from these reports state:

> "In our treatment of our children, we take as our example the well-regulated Christian home—to treat our children like sons and daughters, to give them common school and religious instruction, and to keep them no longer than necessary to prepare them for homes."
>
> "We shall continue to advocate what we believe to be a fact that the Christian home is the Scriptural, natural and the best place to train and prepare a child for life's great duties."
>
> "All children have not the same capability, some are endowed by Divine Providence with more of the mental than the physical and others less. The wants of those who apply are different: some want a boy to educate and some for farm or trade."

These quotations, dating back to the year when the agency was founded, just after the Civil War, imply the beginning of a recognition of the need for individualization and study. To be sure, in the early days the institution was used for temporary shelter of the child and as a place for cleaning him up and giving him sufficient training so that he would not offend the sensibilities of prospective foster parents. From the outset it was recognized that child placement should not be entirely hit-or-miss.

> "In the selection of homes great care is taken. We are aided by responsible gentlemen in the communities where the children are placed. The gentlemen also act as their guardians."

To us to-day this seems a poor guarantee of good placement, but the need of agency supervision was not yet recognized and home-finding was in a primitive state.

[1] For the historical notes here included, I am much indebted to the history of the New England Home for Little Wanderers in *The Rehabilitation of Children*, by E. M. H. Baylor and E. D. Monachesi. New York: Harper and Brothers, 1939. pp. 519–29.

Following the example of the New York Children's Aid Society, the New England Home for Little Wanderers engaged in its early years (between 1865 and 1905) in a far-flung program of placing children in the wide open spaces of the Middle West. The Reverend S. S. Cummings, a missionary agent of the home, wrote as follows:

> "It is surprising to some that we will start off with a company of thirty or forty children, not knowing where we shall find a home for them. The process is simple. We look over the map of the country, and line of railroads, and decide on some town to make our first point, and then write to the pastors of the churches that we will be there at a given time, generally arriving on Saturday, and ask them to make arrangements for our holding services in their churches on the Sabbath. . . .
>
> "The children at the church in the presence of the people and an appropriate talk of our duty to provide for, and take care of, orphan children, brings our work and the object of our visit before the public preparatory for the work of adoption on Monday. We invite the people to meet us on Monday and see the children and make a selection if desirable. Meantime, we form a brief acquaintance with the pastor and a few good reliable citizens, that are always ready to give any information desirable as to the fitness of families to become responsible for the charge of the children.
>
> "The terms or conditions of taking the children and the references required soon decide the question of applicants. We seldom fail of doing a good day's work in the line of adoption, after thus spending a Sabbath with the people."

The Reverend Edward Winslow wrote on the same subject as follows:

> "When a party sat down at the table opposite me and stated their wants, I handed their name to my pioneer. He at once went to these references and in a few minutes learned all about the party. In the meantime, I had questioned them and got all the information I could. When the pioneer returned, if his report was altogether favorable, and I had already secured their three references, the agreement was signed and they took the children with them.
>
> "We always left a committee made up of the best people from the different churches to keep watch of these children, to report anything unsatisfactory, and, with the consent of the Home, to make any changes they thought fit."

In 1889 a new home on West Newton Street was opened to house the institution, because the Baldwin Place Home did not provide adequate playground space and fresh air. In the 1890's it was recognized that the type of child placement then engaged in was unsuitable for some adolescent girls so, in 1894, an industrial home was opened for girls.

> "Girls in their teens having lost—for a second, perhaps a third time—a home, NEVER more truly needing one, . . . such can now come to find . . . a Christian family, with from five to eight sisters. . . . Here, from the hour they enter, they find a place and work as members of a household."

The industrial home operated as a department of the agency until 1908, when "changes in methods of work made it no longer necessary." It is of interest that now, thirty-four years later, we of the staff are again talking about and hopefully planning for the establishment of a small institution for the care and treatment of certain adolescent girls—an institution organized on similar lines to that which the New England Home for Little Wanderers operates for the treatment of a group of difficult adolescent boys.

In 1908 Dr. Frederic H. Knight became superintendent of the New England Home for Little Wanderers. Dr. Knight was a man of forceful leadership and under his régime important changes took place in staff organization and agency philosophy. His report in 1908 states:

> "During the present year, a more thorough and, it is hoped, more satisfactory system of the investigation of homes has been inaugurated and the office force has been increased sufficiently to carry the new system into effect. . . . Homes change as the years go by and children also change, so that a good home may become an unsafe one. Every social worker knows how true this is. It is the business of the Superintendent to know just how the children under the care of the Home are getting on. He cannot safely rely entirely on letters written by interested parties with whom he has but very slight acquaintance."

Before 1910, adoption, or placement in free homes, was the custom. At about this time we began our present system of placing children in boarding homes where they can be supervised and where the final responsibility rests with the agency, not with an untrained, practically unknown, foster parent. It was in this period that the agency workers became "social workers," not "missionaries."

In 1914 the building was erected that now houses the administrative offices, the hospital, the child-placing and home-finding units, and the child-study department. At that time the whole philosophy of social work in Massachusetts was violently opposed to the institutional care of children. Dr. Knight was bitterly condemned for building another children's institution. The whole trend was to care

for children in foster homes, either temporarily or permanently, as the occasion demanded. Dr. Knight, however, recognized that in order to do child-placement well, he had to know the children, as well as the homes into which they were to go. So he went ahead and built his building, designed to accommodate "economically and pleasantly a group of forty children."

Dr. Knight discusses his program of child study in a paper, *Our New Building,* which appears in the August, 1914, number of the *Little Wanderer's Advocate:*

> "The great task before us, more fundamental and far-reaching than any other part of our work, is to maintain and to equip ourselves to carry on a thoroughly scientific department of child study. . . . Every child that properly comes under the care of a child-helping institution should have a very careful mental examination and a considerable portion of children should have a careful and somewhat protracted study of their mental and moral outfit, so that they may be intelligently placed in private homes and safeguarded by intelligent and thoroughgoing supervision. . . . A child-helping agency must do much more scientific work in the study and direction of children if everything possible is to be done to decrease the number of failures. . . . The necessity of a thoroughgoing physical examination in every case is accepted and acted upon by every child-placing agency worthy of any standing. The time has now come when, at least in doubtful cases, a thoroughgoing mental examination, with such period of observation as may be necessary, should be the accepted policy of every well-equipped child-placing organization. The old method of placing children in homes without thoroughly understanding the tastes, the weaknesses, the elements of strength, the possibilities of growth along certain carefully determined lines is, in view of modern thought and of the best practice, little short of criminal."

In discussing the type of children to be served by the new child-study program, Dr. Knight says:

> "We hope to be of service to children whose social conduct is unfavorable for reasons other than that of low mentality. Atypical children are at once most interesting and most perplexing. They have become misfits in society because the work of rendering them fit has been undertaken too late in life or has been bungled by the honest, but misguided efforts of those who have dealt with them."

Dr. Knight demanded and developed a department of child study because he recognized its need, if children, especially "atypical children," are to be successfully placed in foster homes. The distinguished names that appear on Dr. Knight's 1915 advisory council for the department of child study speak well for his wisdom and acumen: Walter F.

Dearborn, Eugene E. Everett, E. E. Southard, A. Warren Stearns, and Robert M. Yerkes.

The new home was dedicated in 1915. At that time the president of the board commented on the changes in placing methods from the earlier wholesale Western placing: "Instead of the family selecting the child, our workers find proper homes in which to place children, keep a line on them, and then endeavor to get the child into the environment best suited for it." Toward the accomplishment of this end, Dr. Knight emphasized that "the very central thought connected with the whole plan [of the new building] is that of intensive scientific, thoroughgoing child study."

An integral part of the new study home was a hospital unit, staffed by competent nurses and physicians. This hospital unit, from the beginning, worked in close coöperation with Boston hospitals and out-patient clinics, and it had and has the benefit of easy accessibility to a long list of special consultants. Dr. Knight appointed a half-time psychologist to the staff and consultant psychiatrists were occasionally used.

During the early years of the study home, the program of child study was simpler and less highly organized than at the present time. But the unique and essential contribution of the study home to the agency's understanding of the children for whom it must plan was the same. Dr. Knight emphasized in 1915 what Mr. Cheney C. Jones, the present superintendent, stresses to-day—that children's personalities and needs are best understood if one can have the benefit of trained, but casual day-by-day observation of the child over a period of weeks or months, as the case may demand. Living with a child for twenty-four hours a day, while he plays and works and eats and sleeps and goes to school and attends parties and gets up and bathes and dresses and goes to bed and acts in plays and creates things or destroys them and forms attachments to people and quarrels with other children and struggles for supremacy and against domination or routine—living with a child while he does all these things and many more, gives the agency the possibility of understanding the child's motivations and needs far more fully than can mere out-patient-clinic observation.

In the era before 1920, the social histories were far less

cumbersome than they are to-day, but they were also lacking in the dynamic factors which our trained social workers know to be so important a background for a full understanding of the child's behavior. House observation of the child was not so elaborate or so carefully recorded as at present. The psychiatric reports, when they existed at all, were no longer than a short paragraph, but, as a worker once remarked, "at least they were definite and quotable."

The first staff psychologist, Dr. Rose Hardwick, felt that her estimate of the child would be more valid and more helpful if the results of her testing could be presented at a conference where there would be a pooling of the accumulated knowledge about the child. The staff conference—at first an informal case discussion attended only by those immediately concerned with the child under discussion—came into being to serve the need of the social worker responsible for the child and to assist the study-home staff.

In 1922 Dr. Knight died, and the following year Mr. Cheney C. Jones, the present superintendent, was appointed to succeed him. During the past twenty years, with the development of modern educational methods and the growth of the child-guidance movement throughout the country, the program of the study home has become enriched, both from the point of view of the children and from the point of view of the staff. The program of the school, the recreational facilities, and the kindergarten have been elaborated. In 1926 a psychiatrist was added to the child-study staff. This appointment was made in response to a strongly felt need and as a memorial to Dr. Knight, who had long been aware of that need. Mr. Jones realized that, to place a child successfully, the social worker needed a knowledge, not only of the child's background, physical status, I. Q., and social adjustment, but also of his motivations and emotional attitudes. The agency needed to know of what stuff the child was made, what his experiences had been, and how he had reacted to those experiences intellectually, physically, and emotionally.

Failures to place children successfully were evidenced by the number of replacements that the increasingly careful supervision of the 1920's revealed to be necessary. It was an accepted fact that replacements were not only inefficient from the agency's point of view, but harmful to the child. With

the addition of a psychiatrist to the staff, the study program was elaborated and, as a result, the staff conference became a more regular and organized affair. It began to function, not only as an aid to social workers and the child-study staff, but also in the service of the training of social-work students.

The children who come to the study home at present are referred by individuals, schools, and private or public agencies all over New England. Occasionally, children are referred even from distant states. They vary in age from infancy—babies for whom some plan must be made, possibly adoption—up into adolescence. A few children are admitted to the study home for temporary shelter, convalescent care, or special treatment—*i.e.,* orthopedic treatment, remedial tutoring, or the like—but the majority are admitted for study.

Some of these children are, or will become, the responsibility of the New England Home for Little Wanderers, and will be supervised by this agency, either in foster homes, in their own homes, or in boarding schools. Many children are referred for study by other agencies who remain responsible for them. After the period of study, these children will be placed by the agency which referred them, helped, we hope, by the recommendations coming out of the staff conference. When cases are referred by other agencies, representatives of those agencies are not only invited, but expected to attend the conference on the child concerning whose problems they have asked for help.

Those children who are supervised by the New England Home for Little Wanderers come to regard the study home as a base. They return, from time to time, for medical check-ups, dental work, or psychiatric interviews. If a night must be spent in Boston going or coming from a visit home or to camp, the child spends it at the study home. If a change in foster-home placement must be made, the child very often comes into the study home for a check-up between placements. Some children, presenting particularly difficult personality problems, may return to the study home several times for further study or occasionally for psychotherapy. The child-placing department at all times works in close coöperation with the child-study staff.

All cases that are accepted for study are, of course, carefully investigated and a full social history is obtained as

soon as possible. It is the belief of this agency that full factual data in regard to the child's family, developmental, medical, personal, and school history are imperative. In addition to this, the social worker who investigates the case tries to evaluate the important dynamic factors in the child's background, which are embodied in drives, frustrations, attitudes, and interrelationships within the home. The investigator not only digs up and records relative data, but becomes acquainted with parents (or parent substitutes), siblings, and sometimes school-teachers. To parents, the investigator may become a significant counselor and friend. I stress this point because it is at variance with the policy and philosophy of some schools of social-work thought.

When the children come into the home, they are admitted to the hospital unit, where they remain for a day or so until it is determined that they have no active infection which might endanger the other children. During their brief sojourn in the hospital, routine medical and laboratory examinations are carried out. Consultations with specialists—*i.e.*, neurological, orthopedic, nose-and-throat, dental, and so on—and special examinations—*i.e.*, X-ray, basal metabolism, electroencephalogram, and so on—when they are indicated, can follow later when the child has become adjusted to the house routine. The hospital unit is also used as an infirmary for children who fall sick while in the house. It is equipped to carry out minor surgical procedures, such as tonsil and adenoid operations, which spares the unlucky child for whom such an operation is necessary the distress of making yet another adjustment to new people and new surroundings.

Provision is made on the hospital floor to house the infants and toddlers; children who are too young or too immature to cope with living in the older and larger group sleep and have their meals in the hospital. Their program remains entirely separate from that of the main group of children. One of the great needs of the institution at the present time is for a nursery-school program for these younger children. It is the policy of the agency to make every effort to place these younger children in what will be (it is hoped) their permanent homes as early as possible. The pre-school child, in particular, needs to grow and develop in a home where there are parent

figures to serve as love objects and as objects for identification. Perhaps it is this drive to get young children out of the institution and into homes as soon as possible that accounts for the failure of the agency to provide a modern nursery school for its young clients.

Children of kindergarten age and older, after their brief stay in the hospital, move from the hospital to the dormitory floor, where they come under the care and supervision of the two matrons and four counselors (three young women and one young man). The matrons and counselors have charge of the children and observe them outside of school hours. During school hours, from 9 to 12 in the morning and from 1:30 to 3:30 in the afternoon, they are under the supervision of the school-teacher, assisted by one of the counselors, by a man who runs the workshop, and by an occupational therapist. In addition, special tutors work with children in need of particular attention.

All of these people (including also the hospital nurses) who work directly with the children consult freely with the pediatrician, the psychologist, or the psychiatrist, as the case may demand. They all either attend the staff conference or submit written reports, recording their observations and impressions of the child under consideration. Both the psychological and the psychiatric studies of the children are much enhanced by the specialists' opportunity of checking office impressions of the child's behavior and adjustment against his reality adjustment in a so-called controlled environment. The psychologist and the psychiatrist can observe the child in his day-to-day living, and when particular problems of adjustment or behavior manifestations come up, the specialist learns of them at once. At all times the psychologist and the psychiatrist can have the benefit of the observations of those who live directly with the children.

The psychologist working at the study home has a distinct advantage over the psychologist whose patients are brought into a clinic for testing. This is particularly true in the case of younger children or emotionally disturbed children. In the study home, where the children are at all times available, there is a freedom from time limitations and from limitations imposed by a schedule of appointments. If a child is tired,

scared, not feeling well, or in any other way upset, his examination can be postponed or interrupted, to be continued later. If test findings are contradictory or uncertain, there is time and opportunity to test the child further. In many out-patient clinics the psychologist is forced to depend on standard intelligence tests, combined perhaps with a performance test. In the study home, the psychologist can utilize whatever special tests seem indicated and they can be applied at the child's and the psychologist's convenience.

The advantages to the psychiatrist of having the consultation room in the same building in which the children are living and going to school are obvious. Even more than the psychologist, the psychiatrist depends on direct observation of the children in their social and play life. The easy accessibility of the child's social worker makes it possible for the psychiatrist to obtain additional information about the child's family or history, which interviews with the child may show to be necessary. Before the child is seen in office interviews, a rapport can be established with him, and in most cases, though not all, children come to the office with enthusiasm. The number and length of interviews can be suited to meet the individual circumstances of the case. Interviews can be held in the office, out-of-doors, in the hospital, or in one of the regular playrooms. Actually, most of the psychiatric interviews take place in the office, which is a pleasant, sunny room, with a comfortable couch and with built-in drawers full of play equipment and toys.

Many of the children who come for study are in need of and should have psychotherapy. But psychotherapy is time-consuming, and it has been our experience that the study home, with its ever-changing, restless population, is not the best setting for it. As many children as time permits (all too few) are taken on for psychotherapy. For the most part, these are children in the care of the agency, who have passed through the study home and are living either in their own homes or in foster homes, and returning for out-patient treatment. For many children in need of treatment, the only practicable procedure is social treatment in foster homes or in their own homes, under case-work supervision. In these cases the visitor works with the child in collaboration with the psychiatrist, who may see the child only at rare intervals.

When the child has been in the study home from six weeks to three months, and after he has been seen by the psychologist and the psychiatrist, his case is brought up in staff conference, at which time a plan is proposed for his future care and there is discussion as to how this plan shall be carried out.

The conference is primarily a working conference rather than a scientific case discussion or a teaching conference. The social worker presents what is pertinent in the child's history. The pediatrician discusses the child's physical condition and makes any further medical recommendations. The school-teacher reads the house reports, which are further elaborated by the nurses, matrons, or counselors who may be present at the conference. Reports from tutors are read and the school-teacher gives her impression of the child's academic standing and particularly of his personal and social adjustment. The psychologist discusses the child's potentialities and limitations and, in addition, makes recommendations for his future education and training. Last comes the psychiatric report, which includes some formulation of the case, based not only on the psychiatric examination, but also on the reports of the other specialists and observers of the child.

After this pooling of observations, facts, and impressions, the case is open to discussion by the staff, students, and visitors from other agencies who may have referred the child under consideration. Not infrequently the conference recommendation is for a longer period of observation and more searching study before a permanent plan is made. When the children are to be under the supervision of the New England Home For Little Wanderers, this extended period of observation and study may take place in one of our foster homes, at our summer camp, or at Longview Farm, our treatment home for boys, referred to earlier in this paper.

The study-home program of the New England Home for Little Wanderers developed in order to meet the needs of a child-placing agency. It is an important functional unit, operating in the closest collaboration with the child-placing department. As community needs change, the operation of child-caring agencies also changes. It is to be anticipated that the time is coming when necessity will demand that the child-caring agency provide not only study and social and

medical treatment, but also more extensive psychological treatment. The addition of a treatment-home program to that of the study home may be the next step. The agency that ceases to grow and to develop had best close its doors at once, for its usefulness is over. In spite of the antiquity of its name, the New England Home for Little Wanderers has by no means yet reached its full stature.

AN INTERNIST LOOKS AT PSYCHIATRY AND PSYCHOANALYSIS*

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THE gulf between formal psychiatry and the rest of medicine should not be as wide as it is. Perhaps, in fact, it is not nearly as wide as it often seems to be. Psychiatrists are primarily physicians. They have had special training in mental disorders; they profess and, indeed, possess a special ability in this field. It is only natural that they should become at times somewhat intolerant of the lack of knowledge, and the lack also of skill and ability, exhibited by their medical colleagues. Furthermore, the psychiatrist is often given a rather cold reception by his brother physician.

There are numerous reasons for this, but the most important, I think, is the fact that the physician does not understand psychiatry, nor does he trust it entirely. Perhaps it is fair to say that he is relatively ignorant of the field. Moreover, until recently psychiatry was chiefly a descriptive science, with no adequate understanding of etiology, pathology, pathogenesis, or treatment. The physician, trained to think in terms of morbid anatomy, knew that certain disease processes manifesting various mental abnormalities were caused by syphilis, other infectious diseases, cerebral neoplasm, arteriosclerosis, and so forth. It was only natural for him to conclude that in time all mental disease would be explained by such concrete causes. This belief in the organic basis of mental disturbances has been heightened by the observation in recent years of the beneficial effects of adequate vitamin or hormone therapy in certain deficiency states.

Hence the physician's partial ignorance and his partial knowledge have both served to give him a bad orientation.

In addition, one must remember that every physician is a therapist and, as you all know, willy nilly, consciously or

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unconsciously, he is a psychotherapist. One of our finest physicians, Dr. Louis Hamman, of Baltimore, has recently written:

> "Indeed, I find it impossible to formulate a clear expression of the relation of psychiatry to medicine, so intimately and inextricably are they bound together. The physician studies and practices psychiatry continuously, even when he protests that he has not the least knowledge of formal psychiatry. It is the chief instrument of his success, even though he may practice it unconsciously."

Physicians far less skilled and less discerning than Dr. Hamman almost inevitably find that their psychotherapy meets with a reasonable degree of success. As the years go by and their success increases, it may become difficult for them to realize, and even more difficult for them to concede, that in certain cases, at least, some one else could do better. Many physicians, on the other hand, impressed not by their gratifying successes, but by their failures, give the psychiatrist a very cordial reception. He may not be called upon as frequently, perhaps, as he should be, but nevertheless, like the surgeon, he is of great help in time of trouble. We physicians not trained in psychiatry need to learn better the limitations of our type of psychotherapy. We need to learn to discriminate between the cases in which it is likely to prove adequate or at least beneficial and those in which it is harmful. You psychiatrists can teach us these things.

The dictionary defines psychiatry as the recognition and treatment of diseases of the mind, psychoanalysis as an examination into the mental condition by means of a careful analysis and comparison of the symptoms both subjective and objective. Alan Gregg has recently devoted an entire article to the subject, "What is Psychiatry?" The nearest he comes to a definition is a statement that "the province of psychiatry is the disturbances in the conduct of man, his experiences and his way of experiencing, his reactions, his behavior as an indivisible sentient being with other such beings."

The term "psychoanalysis" denotes for most of you, I think, the technique of psychic examination devised by Freud; perhaps you will think it more correct to say that it comprises the body of theory of the structure of the personality and the dynamics of the development of the personality that grew out of the studies of Freud. Opinions differ as to whether

this body of theory is an art or a science. It seems to me to fulfill at least to some measure the criteria of "systematized positive knowledge" imposed by Sarton. Regardless of this, psychoanalysis is a portion of the general field of psychiatry.

The Institute for Psychoanalysis is "dedicated to increasing the knowledge of the psychic processes of man." It is difficult to conceive of a more lofty purpose or a more important goal. Most of us will agree that the tragedy and the hope of each individual man and of men collectively is to be found in the mind. "Mind," said Daniel Webster, "is the great lever of all things; human thought is the process by which human ends are ultimately answered"; and from Proverbs: "As a man thinketh in his heart so *is* he"; and Shakespeare: "There is nothing either good or bad, but thinking makes it so." Perhaps you will prefer Jane Taylor's rhyme:

> "Though man a thinking being is defined,
> Few use the grand prerogative of mind.
> How few think justly of the thinking few!
> How many never think, who think they do!"

The study of psychic processes is, certainly, of the greatest importance. Society, however, is not satisfied with the mere study of these processes; it asks for and demands results. And so it says to you students of the mind, "What have you found?" And even more specifically, "What have you learned of value to us here and now? What have you learned that will preserve or increase our mental health and our happiness?"

This is not the proper time for a complete evaluation of psychiatry, nor am I the proper person to make it. Its accomplishments are truly great, but when compared with what remains to be done, they seem pitifully small indeed. This is true, however, in all fields of science. Our knowledge is as nothing compared with our ignorance. This should not dismay us; we must start from where we are and go ahead. We have reason to be encouraged by the progress already made and to expect great discoveries. I cannot evaluate the contribution of psychoanalysis to psychiatry—it seems enormous; indeed, to this layman it appears as if the psycho-

dynamic concept of Freud has entirely reoriented psychiatry, transforming it from a fixed and purely descriptive science to a study of active, changing processes with a cause-and-effect relationship to one another.

Psychoanalysis developed as a study of mentally ill men and women. It was and is a procedure in which the physician, the analyst, is motivated by two desires: first, his desire to benefit the patient; and, second, his desire to increase our knowledge of mental processes. In the general field of medicine, these two goals, therapy and research, frequently coexist, frequently are inseparable, and are joined with the obligation to teach, for every physician subscribes to the oath of Hippocrates containing the statement "that by precept, lecture, and every other mode of instruction I will impart a knowledge of the art to my own sons and those of my teachers and to disciples bound by stipulation and oath according to the law of medicine."

The Institute for Psychoanlysis was founded in order that research and teaching might be emphasized. I believe that the results achieved have amply justified the undertaking. Treatment has not been neglected, but its cost in terms of man-power hours both for the analyst and for the patient has become increasingly apparent. One of the results is this conference on brief psychotherapy in the hope that some short-cut or substitute may be found for at least a portion of the patients in need of help. I think it is important to recognize clearly that this effort is directed frankly at practical therapy. Brief psychotherapy, as I understand it, is not a substitute for the standard procedure as an investigative or educational process. There is a definite need for both types of work.

As an internist looking at psychoanalysis, I must say a few words concerning our criticisms of it. Most of these criticisms, although probably not all of them, are, as I suggested earlier, in part attributable to our lack of understanding. This in turn is due to many things. We have not tried to learn. We have been misinformed. The subject has been badly presented, or we have seen the wrong side. Too little attention has been paid to the broad, fundamental aspects, and too much emphasis has been laid on sex. For instance, the discussion of the fundamentals of human behavior in Dr.

Alexander's latest book is much more acceptable to me than are the earlier presentations of psychoanalysis made by him or by the other psychoanalysts I have happened to read. Perhaps Alexander benefited from his observation that with the publication of Freud's findings on the rôle of sexuality, "Freud sealed his own destiny as well as that of his teachings."

The attacks made on Freud were no doubt motivated in part by jealousy and by fear. I suspect, however, that if Freud's discussion had been presented as Alexander's is now, it would have been accepted much more readily. Perhaps the difficulty is chiefly a matter of terminology and of emphasis. One must remember, too, that times have changed. Most intelligent men and women are willing to recognize the important role of sexuality in adolescent and adult life. The difficulty arises in accepting infantile, pre-genital sexuality as something really significantly related to sex, as the layman understands the term. And then the universality of phallic symbols, of libidinous dreams, of Œdipus and castration complexes is a little staggering. After all, one wearies of sex at times, consciously if not unconsciously—enough is enough.

The standard reply to such criticsm is that the critic, not having himself been analyzed, is still living mentally in the eighteenth century. The implication is that the only ones entitled to criticize are those who have been admitted to the cult. This attitude has only limited validity. It is proper to insist that students in a field should have adequate guidance and that they should give the subject matter adequate study. On the other hand, it is also fair, I think, to expect the authorities in a subject to be able to state it in words of one or two syllables in such a manner as to be intelligible to other thinking people. Certain chemists and physicists have been able to do this for the complex phenomena observed by them. And so the basic tenets of psychoanalysis should be made intelligible, and I believe are being made intelligible, to all who care to give the subject any thought and consideration. But something of the attitude of the cult persists; it is slow to disappear.

There are other factors involved in the lack of rapport between some psychoanalysts and their fellow physicians. The psychiatrists who have not had analytic training are

sensitive because of their handicap; the analysts are perhaps somewhat on the defensive and a little exclusive. This situation will right itself as psychoanalysis gains greater recognition, as it becomes more widely diffused, and as its devotees feel less need to defend either themselves or the procedure. The process is indeed one of ripening—a ripening of individuals and of ideas. In time there will come the realization that the baptized and the unbaptized may profitably labor in the same vineyard.

The cost of psychoanalysis has disturbed the physician. Harvey Cushing once expressed this concern by raising the question whether psychoanalysis could ever reach the indigent. The procedure is expensive both in time and money. The physician is perhaps jealous of some of the high fees obtained by the analyst, but this is not the main issue. The question is rather whether the patient of limited means should really afford psychoanalysis. Brief psychotherapy may constitute one of the answers to this question.

More disturbing, however, to many men is the charge made by analysts for training or therapeutic analyses for physicians. The concept of professional courtesy, dating back to Hippocrates, is deeply ingrained in the medical profession; it has been difficult for physicians to understand why the analysts have abandoned it. Of course, the profession did not understand or appreciate the time required. Furthermore, it must be remembered that psychoanalysis developed in Europe, where the student regularly paid to the professor the fee for his instruction, in contrast to the custom in this country, where the university or the medical school receives the fee and the professor feels obliged to give as much time as possible to the student, either for instruction or for therapy, without any consideration of fee. The profession is learning, however, to understand the economic aspects of psychoanalysis, although slowly, perhaps, and I am confident that this source of friction will disappear in time.

As a psychotherapist, the analyst competes with the general practitioner, the internist, and, indeed, at times with all specialists. The fact that the analysts are all so busy suggests that they compete successfully. The majority of physicians are reluctant, however, to refer patients to the analysts. Much of this reluctance is attributable, of course,

to professional pride and jealousy. Much of it, however, is due to the physician's confidence that he can take care of these patients adequately himself. The interpretation of the term "adequately" is debatable. It will be admitted, however, I think, that the majority of physicians practicing what is known as the "art of medicine" and dealing with the psychoneurotics, the neurotics, and the milder depressions, do succeed to the extent that the majority of the patients are able to maintain their rather marginal adjustments to life. The width of this so-called "margin of adjustment" is not as important as the fact that the patients are able to maintain their places in society.

The analyst will say that the practitioner carries on the "art of medicine" by utilizing several mechanisms well understood by the analyst and not consciously understood by the physician—mechanisms such as the phenomenon of transference and the "father figure." This statement is, of course, true, but it does not constitute a criticism, for the practitioner and the patient are both interested primarily in results rather than in mechanisms.

The "art of medicine," if I may use this term, encompasses a great deal. One of our goals is to understand it better, to convert it into a science, to measure it. Some think that nothing is really known until it can be measured. As for me, the immeasurable has always seemed more important than the measurable, and I am not too much concerned with the question of whether medicine is an art or a science. But certainly we will all agree that we need to understand better the art of medicine just as we need to understand life itself. The art of medicine and the art of living have much in common. They must not only be understood; they must be utilized and lived.

With your permission, I should like to wander somewhat afield for a few minutes to comment on subjects important in the art of living and closely related to the art and science of medicine and psychiatry. For instance, there is the matter of vacations. Dr. Alexander's invitation to me to address you here this evening reached me at a time when adult responsibilities had been forgotten amidst the scenes of childhood in the companionship of old friends and loved ones. As I stood

on the hill top and beheld to the west the magnificent sweep of the Continental Divide, from Pike's Peak at the south to Long's Peak at the north, psychiatry seemed very remote and very unimportant. And as I clambered over the stones along the bank of the Colorado River, casting varicolored flies for the benefit of totally uninterested speckled trout, the sparkling river seemed to say: "Oh, forget it all, forget it all! Stay here with me." And as we rode the mountain trails through the groves of yellow aspens——Gentlemen, have you ever seen the aspens in September? If not, you cannot understand, and no wonder you are interested in psychiatry—you have not begun to live! The magnificent vistas and gorgeous colorings of these mountains come insistently before my eyes, and the dust of the trail is fragrant still. Such is the power of a vacation. It smooths many a difficult adjustment and helps to maintain many a mental balance.

But vacations must end, and what else is there? Well, there are hobbies. There came to my desk recently a paper by a psychiatrist, Dr. Merrill Moore, whom I should judge to be a psychoanalyst, entitled, *A Note on Conchology.* The hobby of gathering sea shells brought this author lifelong satisfaction. His first shells had been sent to him as a boy by his father in Florida. They always called to mind the word pictures painted by his father of that wonderful land. In time, shells came in various ways from all over the world, from scenes easily pictured by his boyish imagination. And as the boy became a man, the shells always recalled these lovely phantasies of youth. There was the large shell sent by a friend of the family in far-off Bombay.

> "It was distinctly Mother's shell, but we could look at it, hold it, feel it all over, and admire it and talk about it and listen to it, for it had a substantial sound. The roar of the sea, we were told, was caught in it. It had lived in the sea so long that it had caught some of the roar. When you held it to your ear and closed your eyes, its magic sound suggested surf rolling on yellow beaches where jungle and palm trees met by the shore. One could imagine sharks, octopuses, porpoises, boats and men, natives and steamers, elephants and tigers, who knows—maybe Robinson Crusoe or man Friday himself. Maybe even a shipwreck or some adventure had occurred, else how could this shell have come to civilization from so far away? It was so unutterably lovely a symbol of distant and forbidden beauty."

Sea shells represent for Moore not only the kingdom of Neptune, but the whole world as well.

To many of us, patients and physicians alike, music brings rest and comfort, solace and inspiration. To others, literature opens new worlds. One of the greatest physicians I have known, Dr. Gerald B. Webb, of Colorado, wrote an article some years ago entitled, *The Prescription of Literature.* Dr. Webb has been and still is one of the leading exponents of rest in the treatment of pulmonary tuberculosis. He has learned how to interest all sorts of people in all literature; he has learned what authors to recommend to what patients and at what times and in what order. "If," says he, "Emerson be followed by Melville, and Melville by Poe, the likelihood is that none of them will pall. Out of the legion of books—literary, scientific, and philosophic; out of novels, poems, and dramas; out of histories, biographies, and memoirs; out of treatises, travels, essays, and letters—out of all these and many more which submit to no categorical classification, every intelligent reader should be able to find two or three kinds which, alternated with one another, will cause continuous felicity."

Another of Dr. Webb's ingenious devices for maintaining the mental health of his patients through long periods of physical illness is prescribing the scrapbook. He relates that many years ago a young woman with advancing pulmonary and laryngeal tuberculosis came West to be under his care, bringing her tennis racquets and golf clubs. After Dr. Webb had explained the need for sanatorium rest, she asked, "But what shall I do?" When Dr. Webb replied, "You can keep scrapbooks," she exploded as if she could hardly believe her ears, "My God!" Nevertheless, she went to bed, kept scrapbooks, forgot the tennis court and the golf course, regained her health, and still cherishes her scrapbooks! Another such young lady "still keeps about thirty of these [scrapbooks] up to date and through the process has become an amazingly educated woman. Her husband is a product of the best American and European schools and universities, but when he wants to know something about literature, painting, sculpture, furniture, architecture, stamps, coins, travel or a variety of other things, he usually asks her."

"The scrapbook," says Webb, "is an excellent way of desensitizing nerves—for which we have no medicine—and conquering neurasthenia." One of the chief difficulties with these prescriptions of literature and scrapbooks is the strain placed on the cultural reserve of the physician. Perhaps this is a virtue, for the physician may be stimulated to keep ahead of his patient and thus in time to increase his own intellectual resources.

In this rather rambling consideration of subjects related more or less distantly to psychiatry and to medicine, I must refer also to the value of group activities. Man is a gregarious animal. The present tendency in psychiatry, in medicine, and elsewhere is to emphasize the individual rather than the group. This is illustrated by psychoanalysis, by every branch of medicine, and also by the high development in this country of the so-called "case-work" method in the field of social service. The influence of the group, however, is enormous. Small boys form their gangs; adolescents join fraternities and sororities; adults, too, become loyal and even enthusiastic members of the ancient and venerable order of this and that. The elements of secrecy and exclusiveness seem important, although the non-secret and relatively democratic luncheon clubs have been very popular and successful.

Organizations such as these have made a very definite contribution to the social life of our time and play a rôle, I think, in the maintenance of mental equilibrium. You gentlemen can, of course, explain their "why and wherefore"; I am interested for the moment only in the fact of their utility for society. Many of us do not like such organizations; indeed, we may be somewhat disdainful and supercilious. This attitude is unwarranted. It could be argued that one of the great needs of the day, from the standpoint both of the individual and of the group, is a greater sense of group loyalty and responsibility. Some very interesting and encouraging experiments are being carried out on the value of group procedures in the treatment of certain organic diseases as well as in the treatment of the psychoneuroses. I suspect that in time we shall learn to make much more effective use of this group instinct.

Probably the most influential of all group organizations is the church. It has filled many important functions in Ameri-

can life. It has been a social center, often the only social center. It has stood for cultural and moral values. It has provided mutual aid and support for its members. The minister has truly been a shepherd tending his flock. He has baptized the children, guided them through the years of childhood and adolescence, married them, adjusted many of their emotional conflicts, inspired them, helped them find the courage to travel through the inevitable dark valleys of life and into the shadow of death, he has presided at the last sad rites. He has been, if you will, a very helpful "father figure."

The church and the priest are, of course, aspects of what we call "religion." I often wonder if we physicians are fully aware of the significance of religion to many patients and, indeed, in the world generally. Every man possesses his own religion. Some of us are atheists, some are Christians—Protestant or Catholic, professing or non-professing; some of us belong to the Hebrew faith or tradition, orthodox or non-orthodox; some of us may be followers of Mohammed or Buddha; others may serve other gods. This is neither the time nor the place to discourse on religion. It would be interesting to hear your psychoanalytic interpretations.

Incidentally, I am pleased and surprised to find the extent to which many of the leading rabbis and Protestant ministers of the country are studying, accepting, and utilizing certain of the basic concepts of psychoanalysis. I think the same applies to some priests of the Catholic faith, although they may be a little more inclined to regard psychoanalysis as a rival religion. But regardless of these considerations, the fact remains that religion, using the term in the broadest possible sense, is a most potent force in the world, and that in one form or another it will remain so throughout predictable time.

Patients are often extremely reluctant to discuss their religion. It is very personal—indeed, frequently it is even more personal than sex. Often they do not know what they think or believe. For some the mystic ritual of the Mass is compelling. For others, an old hymn arouses powerful emotions long forgotten. William James wrote at length on the phenomenon of conversion, but for the thousands who walked

the sawdust trail for Billy Sunday, it was an unforgettable experience. So, too, I imagine, is the exaltation of the Negroes as they sing their beautiful spirituals, beloved by us all, ranging from *Joshua Fit de Battle ob Jericho* and *All God's Chillun Got Wings* to the truly noble and inspiring *Go Down, Moses; Roll, Jordan, Roll; Ride on, King Jesus;* and *Swing Low, Sweet Chariot, Comin' for to Carry Me Home.* If these emotional reactions are all manifestations of the phenomenon of hypnosis, what difference does it make? We sophisticates would not wish to destroy them; perhaps we may even feel a tinge of envy.

If I may carry this philosophic note a bit further, let me remind you that some of our leading educators tell us our civilization has broken down because it "has become a mad struggle for *things.*" They bid us seek not the Kingdom of Heaven, but "the good life." This seems to be about as difficult to define or to visualize as is the Kingdom of Heaven. To my colleague, Professor Craven, the "good life" seems synonymous with the "good society," which is good because it is composed of gentlemen. A gentleman is a man with good manners, who is "remembered for his gentleness, his directness without bluntness, his courtesy . . . The richest heritage a great man ever left his country," says Craven, "is politeness, the habitual consideration of those with whom we converse, making it a rule never to give ourselves the preference. Good manners are not the product of religion or philosophy," says he. "Neither Aristotle nor St. Thomas can supply them."

I must confess that while good manners and the good life seem laudable and desirable, they are scarcely sublime concepts. They do not capture the imagination. Christ, Mohammed, Buddha—all of the great religious leaders of history—offered a greater challenge, a vaster vision.

Franz Werfel, in his story of the Forty Days of Musa Dagh, when the Armenians were besieged by the Turks, describes the manner in which the Mohammedan Turk, Aga Rifaat Bereket, signified his affection for his young friend, the Christian Armenian, Gabriel Bagradian, by presenting him as a talisman an ancient Greek coin bearing the inscription: "To the inexplicable, in us and above us." These two men

of different creeds found a common faith as they bowed before the unknown, the unnamed, and the infinite, within them and yet above them. I think we must recognize, understand, and learn to utilize more effectively this instinctive spiritual yearning of mankind.

Colonel Clear relates that in the Battle of Bataan "many a soldier came to realize that self-confidence alone was not enough to sustain the human spirit. I remember," he continues, "jumping into a hole during a particularly heavy bombing attack. A sergeant crouched lower to make room for me. Then all hell broke loose, and I wasn't surprised to find myself praying out loud. I heard the sergeant praying, too. When the attack was over I said, 'Sergeant, I noticed you were praying.' 'Yes, sir,' he answered, without batting an eye, 'there are no atheists in fox holes.' " I submit that the essence of life is to be found in the solution of the riddle, "What *do* men live by?" and perhaps its companion, "What do they *die* by?"

But to return now to the subject of psychiatry and psychoanalysis, the function of psychoanalysis is, as noted in the beginning, to disclose for us, if possible, the why and the wherefore of the psychic processes, to enable the patient, by knowing himself, to control himself. Furthermore, psychoanalysis must teach society to understand and to control itself. A beginning has been made. Dr. Alexander has given us a splendid orientation in his new book, *Our Age of Unreason.* But the road ahead will be long and discouraging. We shall not live to travel it. Each generation must learn the accumulated wisdom of the race, for ontogeny repeats phylogeny, and must add its own increment of knowledge. This is the magnificent challenge to education—this and the faith that we can build on earth an age of reason rather than unreason, a good society, the Kingdom of Heaven.

I must not impose upon your patience further. It is not necessary for me to elaborate on the rôle psychiatry and psychoanalysis must play in the building of the new world. The task is staggering, even if considered from the narrow viewpoint of the treatment of the sick patient, regardless of whether the illness is organic or functional or, as is so fre-

quently the case, both organic and functional, both somatic and psychic. Moreover, if one views the challenge to psychiatry from other standpoints, such as the needs of our social order and the ever-recurring and ever-growing problems of education, your task becomes colossal. If, at times, we laymen fail to show you due respect and appreciation, please be tolerant. We know you understand our minds and our hearts and, indeed, even our souls. We wish you well and we bid you Godspeed.

CONSCIENCE, GUILT, AND ATONEMENT AS PROBLEMS IN MODERN LIFE

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THE processes of civilized living are dependent upon the control and direction of behavior. The essence of such living lies in its attempt so to restrain, refine, and channel men's method of satisfying their wants that the resulting behavior will do a minimum of harm and a maximum of good to themselves and to their fellows. The problem of theft may be taken as a simple illustration. Universal personal theft applied as a principle would result in each individual's attempting to secure the things he wants without regard to the rights, the welfare, or the wishes of his fellows. When there is a similar lack of control in all behavior, civilization is nonexistent. As controls are increased and behavior is refined, the quality of civilization improves.

Man's progress toward effective civilized living results from two factors: (1) the shift of behavior controls from external to internal forces, and (2) the establishment of a type of internal directive process that promotes personal and communal welfare. At the simplest stage of culture, as in primitive societies, the controls rest upon taboos *imposed* by tribe leaders with the authority of tribe gods. In such cases there is a minimum of internal and a maximum of external restraint. Through a series of stages, the controls become internalized until at the other extreme practically all inhibitions are within the individual.[1] For example, the highly refined personality does not stop at a traffic signal because he fears there is an officer near to report him, but because

[1] Obviously these internal controls must be established. They do not spring full grown into being. Something will be said of the establishment of internal controls in a later connection, although the genesis and nature of inner controls of the personality are too complicated and extended for detailed treatment in this paper. The problem involves the whole matter of a theory of education.

there is a force within him that checks and redirects the impulse to disregard the signal.

The quality of living (personal and communal) improves as the source of restraint shifts from external to internal forces, and as an internal directive power, which takes into account the needs of all mankind and all the needs of the individual, is developed.

The force within the personality that restrains and directs behavior—the internal force referred to—has been recognized by man throughout the historical period, and has been designated as conscience, or by a term equivalent thereto. If it is true that the quality of man's living improves in proportion to the extent that his behavior controls are internalized, then it can be concluded that in the history of man's conscience lies the principal story of man's ethical and social progress.

It is of value, therefore, to trace briefly the history of conscience. In the literature of ancient Egypt is found one of the first records of man's recognizing within himself a force that condemns or applauds his own action. Previously man may have been afraid of the king, or of fate, or of the gods, and may have vaguely evaluated his actions in terms of these external influences. But in the peculiar circumstances of the Nile Valley, apparently for the first time in the hisory of man, conscience developed into a factor of great proportions in the life of man. This development made true moral action possible. Man became capable of what is now termed character, for without conscience character is impossible. In this early Egyptian literature, the inner evaluating force was called *ka*. The following quotation will show something of the way *ka* was conceived and how near it is to what is described by the Latin term "conscience": "If I burn myself, it hurts the body; if I wash myself, it cleanses the body. But there is something else inside which can have the analogous sensations to burning or to washing without anything being done to the body. This must be an invisible being apart from the body."[1]

Egypt developed the first organized life—the first civilization— so far as is now known, in the history of the world. It

[1] See *Religion and Conscience in Ancient Egypt*, by W. M. F. Petrie. Second edition. London: Metheun and Company, 1920. pp. 117–18.

seems probable that civilized group life was impossible until man was able to develop this inner control of his behavior and thought.

We need not take time here to trace the development and refinement of man's understanding of conscience in the Hebrew and early Christian literature, from that extremely suggestive account of the Garden of Eden, through the reformist prophets, to the Apostle Paul's teachings; in Greek literature and philosophy; in Roman culture, where at the hands of Cicero and other Roman thinkers conscience as a concept took on very definite shape and function; in the Church fathers of the Middle Ages; and so on to the present time. The study of this history is a fascinating task in itself.

The point necessary to the thesis of this paper is that in the story of the development and refinement of this internal force abides the essence of all of man's ethical, æsthetic, and social progress; that is, the improvement of the quality of his personal and social life rests squarely upon the development of the conscience.

But although conscience is the essence of the human personality, it is not a *pure* good. In fact, conscience is the basis of conflict, and conflict seems to mother practically all of man's characteristically human ills. Conflict results from a division in the self in which one part of the self condemns another part. An action or an action tendency is condemned, and the individual finds himself in conflict. It is fairly generally accepted that much of behavior is an attempt to relieve conflict or the pain arising therefrom.

Now the quality—the strength, the nature, and the effectiveness—of the conscience is a function of the religion of the individual. Considered in this way, religion is an approach to life that causes one to accept a set of principles or a personality that is outside one's self and that is felt to be superior to one's self. When this external set of values is accepted as good or desirable, these values are introjected by the personality and gradually become the internal evaluator of all actions.

This tendency of the person to introject—make a part of himself—whatever he admires or considers good accounts for the fact that character and disposition are largely determined by what one loves. If the love is for a person or a

being, the introjection process proceeds much more easily and the quality introjected becomes much more deeply embedded than is the case when the love is for an abstract principle. Hence, the great religions that have moved men have been based upon loyalties to a person—an actual being.

The person may be called religious [1] when the attributes of his god—that which he loves—are taken into the personality as a guide for action. It follows that the controls and directive forces involved in conscience are a result of religious experience and action.

As we said earlier in the paper, civilized living demands control or restraint of behavior. The term control covers only half of the problem. Not only must the needs of man be inhibited, but the complexity of civilized living requires that man's impulses be sublimated—that is, so directed that the tension produced by the need will be released in behavior that is of optimum value to the individual and to the group. An illustration of the process of sublimation can be seen in the working of any of the basic needs such as the need for sex and for food. Home, courtship activities, much of recreation, art, and literature result in part at least from the redirection or sublimation of biological needs.

The introjected conscience or super-ego (as it is called by Freud) prevents the direct satisfaction of needs and determines the way the needs will express themselves in action. If the human impulses are satisfied directly (without sublimation), the level of living approaches the life of the lower animal forms. Although there is no culture known in which there is no inhibition and redirection of impulses, in some primitive societies the process is so narrow and external that the effect of inadequate inhibition and sublimation becomes clear. In such cases, practically all of the refinements of living disappear.

In the foregoing paragraph, it was stated that without sublimation the processes of living come to resemble those of an animal. This statement seriously oversimplifies the human problem. The fact is that man does not become free, unrestrained, and animal-like as inhibition and sublimation

[1] This statement describes merely the basic process involved in all religious behavior. No attempt is made to bring all that is involved in religion under one rubric.

are reduced. The basic human needs appear to be very complex, and apparently are not harmonious, as in the case of animals. In man, the direct satisfaction of need, instead of bringing peace and deep satisfaction, creates conflict and tension. Man is so made that his greatest happiness can be achieved only through a complex process of sublimation, so organized that all the needs of human nature are satisfied with harmony.

It is well known that the reputed happiness of the primitive man is in fact a myth. Primitive men are plagued with morbid fears throughout their lives. Their whole existence centers around an unrelenting attempt to appease gods and demons—and they live in mortal fear of failure to effect such appeasement.

Probably these fears result from the direct satisfaction of certain basic needs—a satisfaction that leaves unsatisfied other significant needs and hence sets up terrific tension in the personality. The source of this tension is projected into the environment, and the primitive's attempt to appease his gods and demons is in reality an attempt to relieve the pain arising from conflict within his own nature. Thus not only does direct satisfaction of wants make civilized living impossible, but, if the theory just stated approximates the truth, direct satisfaction is incompatible with human happiness. On the contrary, the highest in human happiness can be achieved when an enlightened and refined conscience so directs behavior that all personal and social needs are satisfied without prolonged conflict.

Now the achievement of such a conscience depends upon a perfect religion—a religion that has a perfect understanding of the needs of man. The framework of ideals must be extremely high [1] and sufficiently complex to guarantee the complete satisfaction of complex human nature.

The more exacting one's religion is, the greater the discrepancy there will be between action—inevitably rooted in biological nature—and conscience or framework of ideals. Not only must the ideals be high, but they must have been so

[1] The term "high" as here used implies ideals of such a nature as to permit the satisfaction of needs that, if satisfied in terms of "lower" ideals, would come into conflict with one another. "High" signifies ideals that allow unity or harmony in rich, varied action.

implanted in the personality that they are capable of producing action corresponding in harmony to the harmony in the conscience. But in real life this complete harmony between action and ideal is impossible or very nearly so; hence in actual living there is always a wide and painful gap between action and ideal.

When action does not square with the demands of the conscience, there is a sense of guilt—in general, the greater the discrepancy, the greater the feeling of guilt. A feeling of guilt produces mental pain. The poignancy of the pain arising from a sense of guilt is notorious. Such pain centers in the very core of the ego—the self-respect. Human nature cannot bear this pain. Perhaps it is not too much to say that most of the aberrations manifest in human life, ranging from negativism to aggressive war, result from man's attempt to relieve the pain arising from conscious and unconscious guilt.

All of this brings us to a serious problem in culture, and to the thesis of this paper. Controls are necessary; if internal controls are exacting, they will be violated; controls violated produce a sense of guilt; a sense of guilt unrelieved disintegrates the personality. Any system of directive controls must, therefore, carry with it a system of atonement or relief from the feeling of guilt, else the burden of guilt, being cumulative, becomes unbearable.

The guilt-producing process or organization seems to be established in early life—perhaps very largely before there is an abiding self-consciousness. Hence, the guilt-producing organization remains largely in the unconscious [1] part of the personality. This core of the conscience, which probably is largely laid down between the ages of three and six or seven, works automatically—that is, almost completely apart from the more rational, conscious aspects of the personality. Further, this unconscious guilt-producing process is so deeply laid in the person that evidence and even later experience have only limited effects upon it.

The most frequent examples of this point are found in sex. A girl who from birth has been taught to feel guilt in

[1] Nothing mysterious is implied when the term "unconscious" is used. The term is used in this paper to cover those internal processes of which the individual is unaware which affect behavior.

connection with some parts of her body finds it very nearly impossible to make a positive, wholesome adjustment to the sex phases of marriage. She may become highly intelligent and sophisticated in such matters. She may give many evidences of feeling free and wholesome in this part of her life, but upon careful examination, frequently the symptoms of guilt or defense against guilt are apparent. There may be a vague feeling of inadequacy; there may be bodily pains that frequently deceive the most skilled diagnostician. Perhaps many of the ills of modern women result from guilt arising from varied violations of unconscious conscience.

It would be going beyond the evidence to say that the individual cannot by any means be freed from his guilt-producing process, but certainly the remaking of these most basic aspects of the personality is very difficult, and in severe cases requires prolonged expert treatment to prevent a complete breakdown of the personality.

But let us come back to the main thread of the argument. The guilt-producing process is established largely before consecutive self-consciousness, and hence tends to remain out of control of the conscious and more rational part of the mind.

On the other hand, what of the atonement aspects of religion—that part which is designed to relieve the guilt arising from the discrepancy between ideals and actions? The atonement process rests upon a set of beliefs understood and accepted relatively late in the development of the personality—at the time centering around the conversion (or confirmation) age. Hence, the framework of beliefs that make atonement possible is subject to rational evaluation—by evidence or what the individual conceives to be evidence.

It follows that if the religious beliefs basic to atonement cannot sustain critical examination,[1] the individual loses his faith in the efficiency or meaningfulness of the atonement process; that is, his nice "mechanism" for relieving guilt no longer functions. The more conscious aspect of his religious faith disintegrates.

[1] Religious belief may fall because it rests upon gross historical inaccuracies or upon clearly false natural phenomena; because it is internally inconsistent; because its satisfactions are shallow; and so on.

But since the guilt-producing process is largely unconscious, it is not materially altered, but continues to produce pain when introjected ideals are violated. The tragic result is clear and presents a very comprehensive conception of modern life—namely, personalities burdened with unconscious guilt for which there is no systematic relief. Hence, there is a pathetic increase of activity, frequently inappropriate to the real situation, arising from the pain and tension of individual guilt.

What action may be taken by the individual personality that finds itself harassed by the pain of unrelieved guilt?

1. The person may attempt to change his ideals until his behavior squares bearably well with the lowered level of aspiration. This solution is inadequate for two reasons: first, the change may be made in the conscious, more intellectualistic aspects of the personality, but the more unconscious frame of reference remains to torment; secondly, a lowering of ideals to the point that direct satisfaction of basic biological needs and their immediate derivatives can be attained without guilt leaves a great portion of complex human nature unsatisfied, and thus, instead of happiness, there is the deepest conflict of all—the conflict between basic roots of human need. An illustration may clarify the point: suppose one lowers one's ideal with respect to the treatment of fellow human beings to the point where brutality is freely used to achieve the satisfaction of human wants.[1] Human nature has in it a tendency to revolt from administering brutality—even a tendency to receive its highest level of happiness from the relief of a fellow being's suffering. This fact accounts for the wretchedness of all primitive people—and, one may say in passing, the inevitable wretchedness of all (whether an age, a nation, or an individual) who satisfy their wants by primitive means.

In short, if one beats one's neighbor and takes his coat, without doubt both the beating and the taking of the coat satisfy a part of one's nature; but that part is satisfied in such a way as to thwart other significant portions of one's

[1] "Wants" is used in a general sense to designate the whole complex framework of need, original and acquired. That most complex of all psychological problems, the nature of original nature and just what part of any given person is original or acquired, has not been solved. Hence, one has some right to theorize on the point.

nature. It may be concluded, therefore, that the lowering of ideals offers no real solution to human conflict.

2. The personality may attempt to avoid any action that tends to produce guilt. Such persons rationalize their action or lack of action. Fear and rigidity in action and thought become characteristic of these individuals. For example, they cannot take a vacation. The rationalization is that there is too much to be done; the probable cause is that a vacation produces an uncomfortable feeling—a feeling arising out of guilt.

3. The individual may develop neurotic traits to relieve his mental pain. These traits may vary from slight anxieties to serious mental disorganization. In another dimension, these traits may vary from conscious nonchalance or indifference to the extremes of the most nagging "conscience," manifested in general anxiety.

4. The individual may find a religion soundly foundationed that directs human behavior into harmonious patterns, that produces a minimum of guilt, that relieves all guilt that is produced, that eliminates the basic roots of fear—in short, a religion that brings the human spirit peace.

Roughly, these are some of the solutions that the individual may attempt.

But even more interesting is an attempt to analyze the solutions to the problem of human guilt and atonement that a culture may use. An adequate solution of this problem is necessary to any material improvement in the quality of human living.

A culture may attempt to establish few or no controls in human behavior before consciousness is well established. In such case, the guilt-producing processes would be subject to education and reëducation as subsequent circumstances demand. It is clear that such a scheme would mean a revolutionary change in the upbringing of children. Instead of beginning at birth, or shortly thereafter, to implant the restraints and values of the group, the child would be allowed as nearly complete freedom as possible until self-consciousness is continuous and well established. Then the restraints and values of the group would be developed at a rational level.

No society, not even a primitive society, has dared to attempt this solution, although Rousseau in his theoretical scheme for education, described in *Emile,* may have had something of this sort in mind. It is of significance to note that such a solution would seem to be very nearly impossible if there is a biological basis for the development of the core of the super-ego or conscience around the ages three to five or six.

Secondly, a culture may make a systematic attempt to "go native." No attempt would be made to develop a framework of values either in the pre-self-conscious stage or later. This would entail a return to the animal way of life—a retreat that is not possible for man. In such a state, only immediate and external restraints or directive forces would influence behavior. One of the disturbing possibilities of any time is that a particular society may bring to maturity a considerable proportion of its population that has no systematic, harmonious, unified set of unconscious and conscious values by which to evaluate behavior. In such cases, the processes of civilized living rapidly disintegrate.

A third cultural alternative is what may be called a *laïssez faire* or drifting approach. This type of culture is uncertain of its values and is haphazard and inefficient in its educational procedures. Being in doubt about what the super-ego should be, it approaches the whole problem of character development half-heartedly and inefficiently. This approach has become more and more characteristic of modern civilization since the second half of the nineteenth century—in a degree since Galileo and Copernicus convinced the world that the earth is a cosmic speck instead of the center of the universe—but only in these latter days has doubt about values become so widespread that anything approaching a whole generation might arise without systematic restraint or, what is much more important, without an adequate set of directive values. If such a decay in character has descended upon modern times, the future cannot be considered bright.[1]

Finally, a culture may adopt a pure, a spiritual religion—

[1] The present life-or-death emergency has reënergized the character of modern men and women. The extent to which this unity and strength of purpose and action can be extended into the long years of reconstruction will be the real test of character, and will largely determine the fate of modern Western culture.

a religion that has nothing to fear from fact and that personal and cultural experience will support; a religion that will relieve the stinging childish guilts within each person; a religion that will offer a pattern for life by which all of man's nature, spiritual and biological, may be satisfied. Restrained and guided by a religion of this quality, man is capable of becoming Godlike.

Without a satisfying religion, man rapidly becomes an aggressive beast or a fear-ridden savage—in either case the ugliest and most pitiable of creatures.

BOOK REVIEWS

REHABILITATION OF THE WAR INJURED. Edited by William Brown Doherty, M.D., and Dagobert D. Runes, M.D. New York: Philosophical Library, 1943. 684 p.

This volume is a compilation of some fifty-four individual articles, a number of which have been previously published in medical journals. Largely for this reason it lacks organization and any consistent theme. It does, to be sure, cover a great variety of topics, but the majority of the articles are aimed at the specialist in the field and are likely to be of little help to the social worker, the educator, or the many non-medical individuals working in the field of rehabilitation who need particular guidance.

The range of topics covered extends through head injuries and their sequelæ, orthopedic problems and their after-care, specific surgical procedures in reconstructive and plastic surgery, physiotherapy, occupational therapy, and the legal aspects of rehabilitation. Psychiatric and psychologic aspects are mentioned repeatedly by individual authors as important, but are conspicuously ignored in the organization of the text. This is, to my mind, the major omission of the book, since the psychiatric casualties will constitute by far the largest group to be considered in a rehabilitation program. A series of articles are included on the rehabilitation plan in Great Britain, and are of considerable interest as indicating thoughtful preparation in the British plan for war and post-war social reconstruction. There are good sections on the treatment of the tuberculous and the deaf. The general handling of the subject of occupational and physical therapy is concise and helpful.

As a book, the publication is often repetitive, since many of the authors present the same general principles in relation to widely varying disabilities. It is difficult to decide at just what audience the book is aimed. The articles on surgical procedures are clearly intended for the surgical specialist and should be useful in bringing him up to date on recent procedures. In the main, the majority of the articles are prepared for the physician and the specialist in medicine. The book would be improved by a final section pulling together the various contributions and pointing the way toward some plan of rehabilitation for this country. There is a tremendous need for just such a book. This volume deserves attention as the first

attempt to fill in the gap. Every surgeon will find it useful, but the layman who really needs direction in the field will, I fear, find it too technical on the one hand and too general on the other.

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MIND, MEDICINE AND MAN. By Gregory Zilboorg, M.D., with a Foreword by Arthur H. Ruggles, M.D. New York: Harcourt, Brace and Company, 1943. 344 p.

The wide scholarship and literary gifts of Dr. Zilboorg are well-known to readers of MENTAL HYGIENE. For that reason the announcement of another book, particularly one with the suggestive title of the present volume, is a cause for pleasant anticipation. Needless to say, the book does not disappoint. It is designed to dispel misconceptions about the mind, mental disorder, psychiatry, and to present clearly, from the analytic point of view, the consensus of psychiatrists about mental illness, the instincts and the unconscious, and the bearing of our knowledge of mental mechanisms on certain social problems, notably crime.

In a field so beclouded with prejudice and misconception, one's first effort should be to clear the reader's mind of those things he knows "which ain't so," as Artemus Ward defined ignorance. Accordingly, Chapter I, entitled *On Certain Misconceptions,* is devoted to the exposure of some of the popular delusions. General medicine, the author points out, is centuries old, whereas psychiatry is a very new specialty, a field that not so long since was in the domain of the philosopher or priest, and over which some of the non-medical aura still hovers. Too many still believe that the only real illness is physical, and that the mental patient is an inferior person. Dr. Zilboorg pays his respects to the neurologists, and to the Platonic belief that the seat of mental disease is the brain; psychology, he points out, is not a curative science, but deals primarily with mind and emotions *in general.*

In a series of interesting chapters—*The Instincts and Their Manifestations, Normal Neuroses and Personality, Certain Aspects of Mental Illness, Theories and Practice, Civilization and the Social Sciences,* and *Varieties of Human Aggression*—the author then presents an illuminating discussion of the unconscious and the instincts, the evolution of the personality, the manner in which personality may be warped and the individual incapacitated by unconscious conflicts, the need of early recognition and treatment, the aims of psychotherapy, and the resistances to it (as compared with the ready

acceptance by many of the "drastic therapies"). He summarizes clearly the development of Freud's analytic philosophy, and discusses briefly Adler's and Jung's modifications.

In his chapter, *Crime and Judgment*, Dr. Zilboorg discusses the psychology of delinquent behavior and of the group's reaction to it. He presents the doctrine of the "noxal surrender," whereby the early group "could disengage itself from the tie of collective solidarity by which it was normally bound to defend one of its members who had committed wrongdoing," and points out its relation to the vindictiveness of the modern group against the criminal. The unreality of the "tests of responsibility" are ably demonstrated—to the hearty approval of the psychiatrist and the average reader, though probably *not* to that of the legal profession!

Finally, Dr. Zilboorg makes a spirited and logical defense of psychoanalysis against the loose charge of being anti-religious. Although Freud personally was not enamored of religion, at least of its outward forms, our author protests, and properly, that one need not carry over Freud's personal views to his psychiatric system. Psychoanalysis, he says, has never discussed seriously the question of free will. "Psychological determinism can be as acceptable as physicochemical determinism if we do not forget that the adjective 'psychological' is used in the sense of the functioning of the psychic apparatus and not in the sense of 'spiritual,' of pertaining to the soul" (p. 333). This chapter could be read with profit by those who carelessly dismiss psychoanalysis as being in conflict with the religious doctrine of "free will."

The volume, though written for the intelligent layman, can be read with benefit by the psychiatrist as well, particularly by that diminishing group who fancy that they have nothing to do with Freud, though daily using his concepts. It is authoritative, clear, and highly readable; it should do much to dispel some of the fogs that still hover over the psychiatric fields.

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GOALS AND DESIRES OF MAN—A PSYCHOLOGICAL SURVEY OF LIFE. By Paul Schilder, M.D. New York: Columbia University Press, 1942. 305 p.

This book was written by Dr. Schilder shortly before his death on December 8, 1940. At that time it was not in form for publication, and the volume as it appears is the result of editorial revision under the direction of Dr. Lauretta Bender (Mrs. Paul Schilder), who was

thoroughly familiar with all of the material and who had actually assisted in the preparation of some of it. The book should be regarded as one of a series and can best be understood by familiarity with Schilder's previous writings—particularly his book, *The Image and the Appearance of the Human Body,* published in 1928—of which it forms one of a triad. The third volume is still to appear.

The book deals particularly with the problem of psychiatric history, the interpretation to be given to aggression, attitudes toward death, and a general discussion of the problems of sex, with special relation to masculinity and femininity. There are twenty-six chapters, beginning with the chapter, *The Problem of Biography,* and concluding with chapters on ideologies, work, and morals.

The book gives somewhat the impression of an unfinished work and lacks, to some extent, continuity. This, however, is not an important defect, and it was certainly much better to leave the volume as little changed as possible than to carry out extensive alterations that might have detracted from its value. The ideas expressed in it are in line with Schilder's other works. Those who have worked with him and listened to him discuss psychiatric problems, and who are familiar with his constant endeavor to bring up new aspects of problems and new points of view, will find the book refreshing and vigorous and typical of Schilder's attitudes in seeking new solutions and suggesting new formulations.

Schilder never hesitated to cross swords with any of the leaders in psychiatric thought and probably enjoyed flying in the face of accepted formulations. In fact, one rather suspected that he took a certain delight in upsetting orthodox ideas and prodding those who felt satisfied with any particular school of psychiatric thought. This was particularly true of psychoanalysis, a field in which Schilder occupied the unusual position of being both accepted and rejected. His profound knowledge of psychoanalytic material and his wide experience in the psychoanalytic type of treatment forced his acceptance as an authority in this field. On the other hand, never having been through the orthodox training for psychoanalysis and not paying lip service to many of the views that the psychoanalytic group in general accepted, he was regarded as somewhat of a rebel, which was undoubtedly what he desired.

In this book one finds specific rejections of a number of psychoanalytic formulations as well as acceptance of others. Schilder was a deep student of philosophy and brought his studies of philosophy into his studies of psychoanalysis. This occurs frequently in the present volume. The result is an approach and an attitude somewhat different from that of the average psychiatrist or psychoanalyst. There is, in general, a greater acceptance of Adler's formulations

than is found in most psychoanalytic writings. Schilder always felt that Adler had never received sufficient credit for some of his formulations, particularly those connected with aggression, and he often voiced this opinion to his friends.

The present volume is so full of material and covers such a wide field that it is difficult to give any adequate review of it. It is perhaps desirable to point out that Schilder brings his own individual formulation toward an understanding of the problems presented, and that there is a liberal use of case material in the building up of his conclusions. There are some rather striking statements in which we are arbitrarily presented with a formulation with no clear evidence for it. For example, we run across the following statement:

> "It cannot be disproved that there might be disconnected experiences in one individual's life, but the observations and formulations of modern psychiatry have made it very probable that even an organic brain disease cannot disrupt the inner unity of one's life experience. Furthermore, it has been shown that even severe damage of the brain cannot destroy memories."

It is not clear to the reviewer whether Schilder meant by this that no organic brain disease could interrupt the inner unity or disturb memories, or whether he meant that severe organic damage to the brain frequently did not cause this effect. The reviewer is inclined to the latter point of view and does not feel that Schilder meant that no matter how serious organic disease or injury to the brain might be, inner unity or memory could not be affected.

It has often been claimed that those who present new psychiatric theories are largely influenced by their own needs and desires. Thus, we are told that Freud must have formulated his sex theories because of his own difficulties with sex; that Adler must have suffered from feelings of inferiority; that Boris Sidis must have been disturbed by his fears; and so on. In this connection it is interesting to note Schilder's formulation on page 16, in which he rejects Freud's theories that satisfaction is rest. Schilder asserts that "human beings primarily do not strive for satisfaction, but strive for the object which gives satisfaction. To be directed toward the goal, to have the tension of desire, already gives the experience of being alive, which is as important as the final satisfaction. It is erroneous to take satisfaction in isolation from the general attitude. It is, furthermore, erroneous to think that human beings (and organisms generally) want rest. The fact is that every organism immediately develops new interests and new attitudes after the goal has been reached."

This quotation so exemplifies Schilder's own personal attitudes, with his unlimited energy, his wide interests, and his unceasing activity, that, leaving aside all question as to the correctness of this

criticism of Freud's views, one might question whether his break with the orthodox psychoanalytic school was not determined, in part at least, by his own inner feelings and emotions and not by a purely intellectual judgment.

The whole discussion of aggression is to be highly recommended to students of psychiatry, whether or not one agrees entirely with it. Schilder claims that there is no instinct of aggressiveness. He feels that aggression is determined largely by social conditioning and accepts the view of anthropologists like Margaret Mead that aggressiveness and passivity are not sex-linked characteristics. He also suggests that our understanding of crime and our dealing with it adequately are linked up with understanding how aggressive tendencies come on in relation to feelings of inferiority and insecurity. This formulation should be examined and studied critically by all those interested in the problem of crime.

Schilder also breaks with Freud on the death instinct. Here we find many of the orthodox psychoanalytic group also refusing to accept Freud's formulation of the death instinct, so that this is not particularly out of line with much psychoanalytic writing. To quote one sentence, "From a psychoanalytical point of view, the fear of death is merely the fear of losing the possibility of pleasure." This is then brought on in line with Freud's idea to say that the fear of death is the fear of castration.

In the general discussion of sexual problems, there is a great deal of interesting biological material on sex in the lower types of organism. While Schilder points out that no one is completely masculine or completely feminine, he does not give the material on hormones in human beings in enough detail to make this whole discussion complete and well rounded.

Schilder rejects the whole view of ambivalence and claims that from the standpoint of philosophy this is an oversimplification—that love is not the opposite of hatred, dark is not the opposite of light, and that "there is no polarity between activity and passivity, between aggression and submission, between rest and motion."

One might go on endlessly bringing out special points that are emphasized, many of them points on which there is much controversy and no general acceptance of any one attitude.

The final chapter is a series of some thirty-two conclusions, which the reader might well read before starting the rest of the book, since it gives an excellent orientation.

The book is to be highly recommended as a provocative and stimulating volume for those who wish to think independently. Many of the formulations will be rejected by a number of readers, but, whether

one rejects or accepts the formulations, the book will force one to think a little more deeply about the problems discussed, which, after all, is a most valuable achievement.

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PREVENTIVE MEDICINE IN MODERN PRACTICE. Edited under the auspices of The Committee on Public Health Relations of The New York Academy of Medicine. New York: Paul B. Hoeber, 1942. 851 p.

This volume is divided into four sections and an index. The first section, comprising three chapters, deals with the socio-biological aspects of preventive medicine; the second and largest section, thirty-one chapters, deals with the preventive-medicine aspects of clinical practice; the third section, six chapters, deals with environment; and the fourth, eight chapters, considers the organizational aspects of preventive medicine. The book was made possible through the contributions of fifty different authors.

The volume has particular reference to the contributions of modern medical resources in the field of public health and preventive medicine. For purposes of discussion, these are divided into two phases, largely for the purpose of giving them emphasis. The first phase has to do with making possible the application of laboratory research, of knowledge in epidemiology, of sanitary engineering, and of mass education for safeguarding communities against disease. This comprises what is ordinarily known as the special field of public-health agencies.

The second phase has to do with the reciprocal application, by medical practitioners, of measures for the correction of adverse nutritional states, for the early recognition of disease, for the application of personal immunization, and for the application of special medical skills in treatment; and with community organization for preventing or ameliorating the crippling effects of disease. These comprise the preventive aspects of clinical services.

These activities overlap in their interests and obligations, and constitute a total community program for health. If this be true, then preventive medicine is not only a special branch of medicine, but an aspect of all medicine. It is this feature of clinical practice upon which the book places particular emphasis.

In general it classifies preventable diseases under eleven broad categories, including communicable diseases; nutritional diseases; habitual drug uses; allergic manifestations; occupational diseases and conditions; cancer; heart disease (not solely the result of aging); conditions associated with maternity, and with the growth and

development of children; hereditary conditions; accidents and bodily injuries; and mental, personality, and behavior disorders.

Winfred Overholser contributes a chapter on psychiatric problems in adults. Karl M. Bowman discusses alcoholism and drug addictions; Leo Kanner, psychiatric problems in children; Hubert S. Howe, neurological problems; G. Canby Robinson, out-patient departments and social service; and Haven Emerson, the medical attitude toward eugenics, and the subject of the prevalence of disease. Other authors contribute articles on the preventive aspects of other special forms of clinical practice.

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The March of Medicine. Edited by the Committee on Lectures to the Laity of the New York Academy of Medicine. New York: Columbia University Press, 1943. 217 p.

This latest series of lectures sponsored by the New York Academy of Medicine, as an educational feature for the benefit of the general public, comprises six lectures: (1) *Tuberculosis: The Known and the Unknown,* the Linsly R. Williams Memorial Lecture, by James Alexander Miller, M.D.; (2) *The Brain and the Mind,* by Tracy Jackson Putnam, M.D.; (3) *The Freudian Epoch,* by A. A. Brill, Ph.B., M.D.; (4) *Genius, Giftedness, and Growth,* by Arnold Gesell, M.D.; (5) *The History of the B-Vitamins,* by Norman Jolliffe, M.D.; and (6) *The Newer Knowledge of Nutrition,* by A. J. Carlson, M.D.

In this series the lectures of Drs. Putnam, Brill, and Gesell are of immediate interest to psychiatrists and psychologists. Dr. Putnam's discussion of the brain and the mind is a very clear and simple statement of what is known to-day about brain physiology. It does not stop at this point, however, but goes on to a discussion of mechanistic and vitalistic conceptions of personality functioning, and takes up further the differences of opinion represented by the "mosaic" theory and the equipotential theory of brain functioning. Dr. Putnam points out that there are very definite limitations to the understanding of human performance implicit in the discipline of neurophysiology. He adds that the "problem disappears from the realm of scientific proof into the region of philosophy. It becomes a matter of metaphysics, and if that term seems rather forbidding, let me remind you that William James defined metaphysics as merely 'an unusually stubborn effort to think clearly.'" He concludes that the study of mental and emotional disorder resulting from cerebral injuries has resulted in numerous practical gains, but that these lie essentially in the field of neurology rather than in that of psychiatry. A possible exception would be the experiences gained through the operation of prefrontal lobotomy.

Dr. Brill gives a pleasantly entertaining account of the Freudian epoch, including his own contribution to the Freudian exploitation in this country. This is a recapitulation of the well-known historical facts underlying the Freudian contributions, particularly the material on dream analysis, the studies of hysteria and of paranoid states, the "resemblance between the psychic lives of neurotics and savages," and "the emotional background of monotheistic religion . . . as being similar to that of a traumatic neurosis." Dr. Brill groups together Copernicus, Charles Darwin, and Freud as the three people who committed the three greatest outrages against the human's naïve self-love, in that Copernicus showed that the earth is not the center of the universe, Darwin demonstrated that man was not especially created, and finally Freud has shown that no one is "even master in his own house." He concludes that of these three outrages the Freudian was the most bitter, but "it forms the bulk of the Freudian epoch, which mankind has been trying to assimilate for these last fifty years."

Dr. Gesell gives a very entertaining account of creative behavior in child and adult, amply illustrated with material from his own experience and from literature. The gist of the presentation is a statement of developmental physiology, and as far as genius is concerned, it is summarized as follows: "The mechanisms of genius are biological; but the content and the criteria of genius are cultural. Giftedness is a capacity to initiate, to sustain, and to elaborate behavior which is exceptionally esteemed by the contemporary cultural group or by a later generation. We may well reserve the term genius for those rare individuals who are so supremely and uniquely gifted that they exert a permanent, significant impression on the patterns of the culture into which they were born." This chapter ends with "a final and sober reflection. Society must find new devices for making optimal use of its geniuses . . . Even genius must be brought under social control. It depends on biological genetics and chemical energetics, but it functions in a social order."

Dr. Jolliffe gives a clear, entertaining account of the history of the B-vitamins, and only in passing would I comment that a great deal must be left to the imagination of the hearer when the following statement is made: "Dogs can develop black-tongue (the canine equivalent or analogue of human pellagra), rickets, hysteria, gray hair, aging and beriberi . . . These are all animal analogues of human deficiency diseases."

The academy is to be congratulated on the splendid presentations contained in this series of lectures.

WENDELL MUNCIE.

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ANXIETY AND ITS TREATMENT. By John Yerbury Dent, M.D. London: John Murray, 1941. 119 p.

This is principally a book on chronic alcoholism, which the author considers to be a form of anxiety that needs to be treated in the main as other forms of anxiety are treated.

In the first two chapters there is a general discussion of anxiety. Under this term the author apparently includes all the functional nervous disorders, as well as alcoholism, which he says is only a special form of anxiety. In a more restricted sense, anxiety is for him a "sensation-emotion" which a person feels in the presence of difficulties with which he cannot cope. He apparently also has in mind conflict, for he says: "To be or not to be, that is the anxiety." And in a more simple way he states that he uses the word to include both "worry about what may happen and ineptitude if it does."

In his discussion of the origin and nature of anxiety, he dismisses the psychoanalytic school with more or less contempt and inclines more favorably toward Behaviorism, but anxiety is, for him, a chemical disease that is manifested by a conflict between the front and the back brains. These two divisions of the brain are not well defined, but the back brain is the part that "regulates the fundamental processes of the individual," while the front brain is "the organ that gives him his humanity." A too active front brain causes man to magnify his difficulties. In an effort to cure this situation he dopes himself with front-brain sedatives of which there are hundreds, the most important being alcohol.

There is a chapter on the treatment of anxiety, in which the author speaks of the favorable effect of vomiting, however produced, on the symptoms of anxiety and of apomorphine as a remedy. He cites with favor an Arabic method of twirling the patient "round and round until he fainted or was sick." The Arabs did not know it, but they were stimulating the patient's vomiting center and, therefore, an important area of his back brain.

In the discussion of the causes and prevention of alcoholism, there is nothing new except the statement that the sobriety of the Jews is due not to temperance, but to gluttony. The author firmly believes that alcohol causes arteriosclerosis, serious heart disorders, gastric disorders, and cirrhosis of the liver. In support of this last statement he reports that he has seen a postmortem of a year-old baby who had died from an alcoholic hobnail liver.

The most interesting chapter in the book is that on the treatment of alcoholic addicts. Enforced treatment in prisons is decried because this leaves the man's chemistry alone. The same applies to oaths and pledges to be temperate or abstinent. As to alcoholic homes and hospitals, the author states that most alcoholics who go to such homes

do so only after they have learned that they can get all the alcohol they want. Where there is some supervision of their activities, they soon find a "good bush, a discreet rabbit hole, or a hollow tree" in which to hide their whisky. According to the author, alcoholic addicts have a "guilt feeling" except when associating with other addicts, and this is a reason why they like treatment in homes. In such places the "guilt feeling" is replaced by a feeling of moral superiority because they find patients worse than they are. For instance, the man who drinks only a bottle a day feels superior to the one who drinks two, and so on.

For the author, alcoholism is a chemical disease that should be treated chemically. For mild cases, he advises sugar in liberal quantities, much vitamin B_1, some benzedrine, Worcestershire sauce and tomato cocktails as a substitute for alcoholic cocktails, and no drinking of alcoholic beverages without previous eating, preferably of something fatty.

For the treatment of serious cases, designed to bring about a proper balance between the front and back brains, the author stimulates the back brain with apomorphine. This treatment is very strenuous, and the patient is advised beforehand that it will be so. It lasts a week in the usual case, and the author states that at the end of this time the patient will have a quite different and hopeful outlook on life. The "fear that alcohol is going to get him in the end" will have been removed, and he will be free. The conditional-reflex mechanism is given very little if any credit for the results.

After having made the necessary arrangements for treatment in a home and secured a promise from the patient that he will coöperate, especially to the extent of taking whatever alcoholic drinks are offered to him, the treatment is begun. First, the patient is given a strong alcoholic drink, such as a tumbler of half-and-half whisky and water. When this has been gulped down, he is given 1/20 grain of apomorphine intramuscularly, followed by another 1/20 grain in half an hour if he is not sick. If this second dose does not make him sick, a quarter of a glass of half-and-half whisky and water will probably do so. After this the patient usually goes to sleep. Whisky is placed by his bedside, and two or three hours after the first injection, more apomorphine is given. Subsequently injections are given about five minutes before another glass of whisky is handed to him.

The treatment is continued for two or three days until the patient show signs of overstimulation of the back brain, such as persistent vomiting and a systolic blood pressure of less than 100. Alcohol is then no longer forced. Up to this time the patient has not been allowed anything to eat or to drink except alcohol, and no matter how much he wants a drink of water, it is not given to him. After

the alcohol is stopped, food is allowed. Smaller injections of apomorphine, 1/40 of a grain, are continued so as to insure that apomorphine is still in him after all the alcohol is removed.

If the patient is very shaky, large doses of vitamin B_1 are injected, and possibly a little barbiturate is given by mouth. The patient who takes this treatment "may find that even on the fifth day he is able to go for a short walk," and on the eighth day he should return to work.

The patient who has gone through this treatment will have no difficulty in remaining a teetotaler, except in refusing the offer of drinks from friends. In order to avoid this, he should not make such statements as: "Oh, I found drink was doing me no good, and I decided to give it up," because this will tempt friends to trip him up in order to prove that he has no more self-control than they have. He should rather say to them that he has been "knocked off alcohol because of his kidneys." His sincere friends would not mind poisoning his heart, liver, or even his brain in order to prove that he was wrong, but they would not risk poisoning his kidneys. The author does not know why this distinction is made, but he has observed that it is an actual fact.

After cure, the patient is advised to take vitamin B and to make a promise that if he does take, or is tricked into taking, any alcohol he will get a dose of apomorphine injected into him at the earliest opportunity. Otherwise his craving may return in full force. The criterion for cure is "a reasonable degree of relief commensurate with the cost of time, money, and comfort," but no statistics as to final results are given.

The last chapter, entitled *Blitzkrieg,* gives practical suggestions on how to avoid and how to deal with states of anxiety resulting from anticipated or real bombings. For instance, if an anxious patient runs amuck, "he may be pulled out of himself by a sudden order to shut up . . . or by a kick on the shins or a punch in the nose." But "if a doctor is present, an injection of apomorphine should take the place of these more primitive methods of treatment."

Since most treatments for chronic alcoholism are more or less disappointing, any treatment for which results are claimed deserves to be mentioned. The treatment of chronic alcoholism by apomorphine is not new, but the strenuous methods advised in this book are new at least to the reviewer, and we feel that it deserves to be condemned. Alcoholism has been treated with reported good results by atropine, strychnine, benzedrine, xanthoxylum, purgatives, apomorphine, vitamins, and other drugs. Most of these treatments have passed into the discard. A few involving the use of benzedrine and vitamins are still being studied.

The reader will look in vain in this book for anything that will give him an understanding of the fundamental basis of anxiety or chronic alcoholism, and there is certainly nothing in it to convince the student of alcoholism or the neuroses that the treatment advocated is useful. The book is not recommended for serious reading.

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PSYCHOTHERAPY IN MEDICAL PRACTICE. By Maurice Levine, M.D. New York: The Macmillan Company, 1942. 320 p.

This is a book on psychotherapy addressed to the general medical practitioner, and as such constituting a new and much needed link in the chain of treatises on the subject from the popular to the specialized. Recognizing that the physician always uses psychotherapy, it attempts to clarify origins in psychopathology, and aims, methods, and pitfalls in psychotherapy.

The book appropriately begins with a listing of twenty-four common misconceptions held by patients or by physicians regarding personality difficulties, and puts the real facts briefly and tellingly. After laying these ghosts, the author plunges into a discussion of methods—simple measures for general use, more specialized procedures that are still within the range of the practitioner, and those reserved—by virtue of their complexity and the need for severe discipline in their application—to the psychiatric specialist.

The discussion of each is essentially wholesome, and in stressing the difficulty of assessing personality disorder will do much to discourage the easy view that psychiatric treatment is a matter of juggling the strains of life.

On the other hand, the author falls into a grievous error through his use of illustration taken outside the context of complete case history. He did this deliberately, in order to avoid the tediousness—and perhaps the bulkiness—that complete case histories would entail, but the generalizations so substituted lead to some painful distortions. For example, on page 41 he states:

> "In the case of a depression, there are fundamental anxieties about the effect of certain impulses, which may be completely unconscious, *e.g.*, impulses to destroy some one. In a depression, the defense against this anxiety is to punish one's self, to alleviate some of the guilt feelings. The self-punishment is then medically apparent as a depression. When the depression is established, the patient may then develop further anxieties, *e.g.*, he may be afraid that he is permanently sick and that the depression will not lift, or he may be afraid that he is deteriorating. These are secondary anxieties, which result from the illness, rather than cause it."

This is clearly a special "view" of the matter, conditioned by the author's long psychoanalytic experience. Concededly there *are* depressions like this. Are they all of this type? Only psychoanalysts can be positive in their answers, and it seems to me unwise to leave such a generalization in its unqualified form.

Again, on page 76, we find this passage:

> "There is one warning to be mentioned in connection with the psychotherapy of the lessening of external strain. It is this, that some people seem to do better when they are under a certain degree of external strain, that they thrive under a certain degree of suffering and punishment. Such a paradoxical pattern occasionally occurs in patients who have some type of chronic guilt feelings, with an overly severe conscience requiring some lifelong punishment, as atonement. Such an individual may do much better when his life includes a certain degree of unhappiness. In fact there are certain patients who develop psychogenic disturbances after their life difficulties disappear or lessen, when, for example, they receive promotions. There is a distinct entity that can be called a promotion-depression. With such individuals the psychotherapy of the lessening of external strain, which in many other cases is a good choice, may be a bad choice. In such a case, when the punishment provided by an unhappy life-situation is lessened by treatment, the patient may begin to provide his own punishment."

This exotic explanation of promotion-depression will not appeal as an immediate one unless the simpler view that promotions rarely are accompanied by a lessening of external strain is found to be inadequate.

The presentation throughout leans heavily on psychoanalysis, and the presentation of the latter follows the classical pattern and is coherent. By contrast, the presentation of the psychobiological approach and of its principal therapeutic tool, distributive analysis, is deficient and sketchy.

Levine shows a predilection for complex explanations based on the psychopathology of the "unconscious." The point is worth stressing that every case presents a wealth of "unconscious" material, but it should be tapped only to the degree necessary for the safe management of the complaint problem, viewed in its short-term and long-term balanced values. This is the difference in principle, if there be an essential one, of the psychobiological from the psychoanalytic method. It is not true, as Levine asserts, that psychobiologists tend "to emphasize the effect of the environment on the individual, consequently the treatment is more in terms of relieving the pressure by the environment than of the modification of the patient's responses to that environment." It is also distinctly debatable whether the attempts of psychobiology to modify the individual "are not as far-reaching as those of psychoanalysis since they deal little if at all

with unconscious conflicts." These statements only serve to date Levine's acquaintance with psychobiology to a full decade ago.

The rest of the book deals with a number of specific problems, including suicide risks, the study of psychogenic factors, choice of cases, sex and marriage, basic attitudes toward children, problems of parent and children, normality and maturity. These are all timely and well presented, and show a wealth of keen observation. The reader cannot but profit from these pages. The reviewer values especially the material presented on normality and maturity.

The suggestions for further reading are good, but not inclusive, and are topheavy in psychoanalytic material.

Levine failed to mention two of the main reasons why physicians do their own psychotherapy: there either are no psychiatrists at hand to do the work or those available are demonstrably ineffective, or are possessive to the point of squeezing the practitioner out of further contact with the patient. The book should help to demonstrate that psychotherapy is a shareable discipline, to each participant according to his understanding.

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THE FIELDS OF PSYCHOLOGY: AN EXPERIMENTAL APPROACH. Edited by Robert H. Seashore. New York: Henry Holt and Company, 1942. 643 p.

The several contributors to this volume describe and interpret what they consider representative experiments in their respective specialized fields. The editor—in addition to providing an introduction, in which he classifies the fields of psychology and defines some of its terminology—closes the volume with a section on "systematic psychology," emphasizing convergent trends in theory and experimentation.

Throughout the book, the need for and the advantages of an eclectic approach which utilizes the pertinent data not only from all the various fields of psychology, but also from the other sciences, are effectively illustrated. The practical necessity for intensive specialization is fully appreciated, however, and the treatment of much of the material will undoubtedly not appeal to the intellectual dilettante who might like to include a knowledge of experimental psychology among his social graces. Some familiarity with and genuine interest in the methods and materials of scientific psychology are assumed.

The book should be admirably suited to the needs of college students who have had a general introductory course in psychology and who have become actively interested in majoring in the field. For such students this volume provides a means for testing their interests in the several fields, so that they may choose more intelligently

the specialized areas to which to devote their energies at the upper-class and graduate-school levels. A multi-authored contribution of this sort should help the student to answer for himself the question often put to the individual psychological specialist: "What field of psychology shall I specialize in?"

The selection of the material of the book was made, we are told, on the basis of its representative character and its significance with reference to other researches, and these criteria have, it appears, been judiciously applied. It is perhaps stretching a point to include personal inventories of the question-and-answer type in experimental psychology. As justification for this, the statement is made that when a human being is stimulated by a question to produce some appropriate and distinctive response, most of the aspects of a typical psychological experiment are present. The limitations of such a method are adequately stated and discussed.

The descriptions and evaluation of experiments in extra-sensory perception are excellent. This work is treated seriously, but a careful, searching, critical analysis discloses a number of experimental errors, which are enumerated and discussed. The need for a little further experimentation, in the hope of making the sources of error more clear and convincing, is mentioned. The chapter on extra-sensory perception is important because of this critical, searching analysis which discloses experimental errors. This same critical method obviously should be applied in all work that we designate as experimental. The book gives the reader some understanding of just how this may be done in various experimental situations. The ingenuity of some experimenters in surmounting or eliminating obstacles that often seemed impossible never fails to make interesting reading.

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INTERCULTURAL EDUCATION IN AMERICAN SCHOOLS. By William E. Vickery and Stewart G. Cole. New York: Harper and Brothers, 1943. 214 p.

This is the first of five "Teacher's Manuals and Resource Units" under preparation by the Service Bureau for Intercultural Education. The effort is almost entirely at outlining exact procedures and materials.

The first two chapters, of some 82 pages, lay a broad basis for the entire series. This is a clear and excellent summary of the issues involved in intercultural education and of the development of cultural democracy as the only workable solution to our present racial problems. The rest of the volume details the planning of a program,

the organization of classroom materials, the methods and techniques involved, and the concepts underlying such programs. It is all well annotated and there is an excellent bibliography.

For those who are really searching for a way by which Americans All can learn to live together in school, here is a book full of sensible and resourceful measures for implementing that drive. The authors speak at one point of the importance of a sincere desire, but for the rest of the volume there is great danger that the reader will forget that "the first and most important qualification of those who serve is an enthusiastic and abiding interest in their work, growing out of a deep conviction that intercultural education is urgently needed." This statement might well have topped every page.

The reviewer feels that the field of mental hygiene has a great stake in this whole business of teachers' manuals. They are such facile implements—and such subtle traps! The present example is excellently done—but, like many of its less favored sisters, it gets itself involved in the manual and all but forgets the teacher.

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AMERICANS ALL: STUDIES IN INTERCULTURAL EDUCATION. Sponsored by the Department of Supervisors and Directors of Instruction of the National Educational Association, The National Council of Teachers of English, and The Society for Curriculum Study. Washington, D. C.: National Educational Association, 1942. 385 p.

COLOR, CLASS, AND PERSONALITY. By Robert L. Sutherland. Washington, D. C.: American Council on Education, 1942. 135 p.

These two books are reports, yearbooks, yet they are attractively presented, with good type and paper, they are easy to handle, and their contents are of fascinating interest. This statement is worthy of emphasis because reports and yearbooks, especially those issued by educational associations or government bureaus, have as a rule been conspicuous for the absence of these particular characteristics.

The first book is sponsored by a joint committee, in itself rather a discouraging outlook, but it is made up of dynamic reports from various schools of different grades and localities which vividly present plans that are now being successfully carried out. This also is somewhat unusual, for we are more apt to hear either of programs that are proposed for a more or less distant future, or of conditions that are bad and that should be altered.

Mental hygiene is increasingly concerned with human relations and the prevention of unhealthy conditions that arise out of poor adjustments to the human environment. *Americans All* points out the posi-

tive and constructive side of the shield in extremely interesting detail. Schools all over the country are grasping the nettle of interracial relationships, and they report classroom procedures consciously planned to deal with prejudices and feelings of race persecution. Mexicans in the Southwest, Italians and Jews in large cities, Negroes both in Northern and Southern communities, too frequently leave school with feelings of hopeless inferiority which result in attitudes of bitter resentment against injustice or in listless apathy. Why try for a good job, why take special courses, when placement never comes? These schools are recognizing that democracy is a way of life, and so are setting up life situations by sharing in which the children will, at least in school, feel themselves to be recognized as part of a real community.

Being a part of something, receiving recognition for good work in association with others, are necessary conditions of good mental hygiene. And so the children get a start, both mentally and spiritually, in healthy living.

But these schools do not stop there. The parents and other adults in the community are included and become active participants in the group projects. Attitudes of respect for jobs well done grow up within the group and are extended to the community. This is the surest way of overcoming racial and religious prejudices. Opportunities are given for introducing to native Americans (if there are any such!) the handicraft of the incoming "foreigners." This one step may easily mend the rifts within the families of newcomers that bring about poor family hygiene.

Now, one Mexican boy in an Arizona school says: "We have lots of fun learning about the country of our parents," and Danish parents in Minnesota rejoice in the ability of their children to sing the old Danish songs, when once they were ashamed to confess to a knowledge of the Danish language.

One teacher, writing about a polyglot school in Chicago, says: "There is an effort to bridge the gap between the school life of boys and girls and the life and problems of their homes and their communities." This has frequently been done by case-workers in the schools, but not so often through the actual school curriculum.

It is hard to refrain from adding illustration to illustration, there are so many picturesque and vividly told incidents, all pointing to the aim of this particular "intercultural" approach which is stated to be "a national unity based on freedom and security for all."

The questions surrounding the education of Negroes and their place in this democracy is of course one of the most difficult problems to solve. Pearl Buck, in one of her trenchant articles on this subject, has said that if white Northerners do not want to recognize the ability

of trained Negroes by giving them jobs commensurate with their training, they should not give money to Southern colleges.

There are exciting descriptions in this book of programs now being carried out in East Harlem, and in Kirksville, Missouri; there are comments on teacher problems from Tuskegee. But perhaps the most telling comment comes from a Long Island nursery school in which many races and nationalities are represented. Again the nettle was grasped courageously, and a sixth-grade group, after visiting and observing this group of little strangers wrote: "People have skins of different colors. Sometimes their eyes slant differently, like the Chinese. . . . They are alike because they all play games. . . . They are afraid of the same things we are. We think they feel just the same. . . . We think people are much more alike than different." If prejudices harm those who hold them as much, if not more, than those against whom they are directed, these children are starting out with good mental hygiene.

The second book deals wholly with the Negro in America and analyzes in the same frank manner the attitudes of Negro children when they first ask themselves, more or less consciously, "What does it mean to be a Negro?" First there are objective and well-illustrated studies of "Things as They Are." These studies have been made by trained investigators in various parts of the country and give many pictures of Negro youth as they confront the special environment into which they are born, an environment of more or less rigid caste distinction and of inability to share with white youth in the "American dream." For instance, among many quotations the following is particularly applicable at present: "The army calls for volunteers and its posters tell about the chances to learn a trade, travel, and get promoted, but when we try to get in, there is always something the matter with us, or if we do get in, we don't get anywhere."

One fact with which the white group has been too little concerned stands out—it is a mistake to generalize too freely about "the Negro." There are wide differences, of course, and these differences of education, early influences, and so on, constitute classes within the Negro group itself. Often the Negro is far more concerned about reaching a better status within his own group than he is with trying to break into the white man's world. If that could only be realized, there would be less fear on the part of white society that any concession to the reasonable desire of the Negroes to become full citizens—instead of the partial citizens we have insisted upon their being—would mean a complete breaking down of all social barriers. One hopes that in the better world we sometimes vision, Anglo-Saxon arrogance with regard to color may be increasingly modified. Probably it must be if this better world is to materialize.

The first reason for this partial citizenship is economic insecurity. Little change can come until this is rectified. Then, educational inequalities must be changed, and the section closes with the significant statement that "exclusion from the rewards and recognition which would make persons socially restrained and ambitious have held Negro youth apart." When a sense of frustration develops, as in Selma Hale—"I'd like to have a house that don't leak, a house with no leaks in it anywhere. . . . I'd like to have nice things in the house, nice furniture so you could be comfortable. I'd like for it to have smooth floors, not big loose planks. . . . Lots of days we don't have nothing to eat. It must be nice to have enough to eat every day. . . . I'd like to have some clothes, too, like other girls" (p. 31)—often satisfaction is found in less desirable, but more easily attainable ways. Then one says, "All Negroes are lazy and shiftless. All Negro girls are more than apt to be immoral."

Chapter V, *Learning How to Be Black in a White World,* ends with the following words: "Some youth make the adjustment easily, while for others the problem remains a constant source of conflict." And from these conflicts come the apathy or the delinquencies that in this group constitute the neuroses of civil life. Often one is told, "You don't need to worry about mental hygiene for Negro youth. They are reared in a happy-go-lucky tradition and know how to drown their worries in song, laughter, religion, or corn liquor." But the answer to that is that they are taught not to take these matters too seriously because there is "nothing much we can do about them anyway." How does it feel to be constantly characterized by stereotypes? Certainly, as the writer says, Negro youth is "being deprived of a full sense of personal pride and social recognition for individual achievement." And so the white citizens of America are breaking the essential rules of mental hygiene for a group of our fellow citizens who constitute one-tenth of the population. That is a serious indictment.

The last section makes suggestions as to how this unhealthy state of things may be changed. Changes to be made are of two kinds—changes in concepts; changes in procedures. Concepts will change only when white people stop talking about Negroes in the mass and begin to look at them as individuals. Procedures will change when the new concepts are put into effect by educators, religious workers, social workers. "No leader in American life can escape the responsibility of understanding how a tenth of the nation's youth lives and of helping to improve their way of living in keeping with our common ideals."

The first of these two books in well indexed and has ample appendices. The second is most helpfully arranged and has striking illustrations.

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PRINCIPLES OF ANTHROPOLOGY. By Eliot Dismore Chapple and Carleton Stevens Coon. New York: Henry Holt and Company, 1942. 718 p.

To those who are interested in human society, but not particularly in anthropology, this book will appeal as a pioneer attempt to formulate a general science of human relations. Sharing the now common conviction that the various social disciplines need one another's help, the authors set forth a system that links up geography and biology with essentially social phenomena—technology, institutions, symbolism. This enormous project is admirably carried out. The system is beautifully articulated, and an amazing lot of loose ends are neatly tucked in.

The main concepts are taken from a variety of sources. From psychology comes that of conditioning, discerningly used to explain the development of institutions and symbols. From biology comes that of equilibrium. To illustrate its uses, law is regarded as a means of preventing disturbances of social equilibrium; ritual as a means of restoring equilibrium that has been disturbed by some crisis.

The key concept, however, is that of interaction. This is not the interaction familiar to sociologists, with its subdivisions, "competition," "accomodation," and the rest. Here the term refers to individuals rather than to groups. Interest centers in varying rates of interaction, in who initiates it and who terminates it. For example, "a leader is a man who, when more than two persons are present, originates action in the majority of events to which those present respond." This concept appears to be the brain child of Dr. Chapple, one of the Harvard anthropologists who collaborated in producing this book. Already tested in some of his research, it shows promise of being a useful tool; how useful, further research must determine.

In this general scheme, however, the concept suffers the fate of all good ideas—that of being overworked. Too much is crammed into it, with the inevitable result of distortion. There is not room here to discuss an example. There is not room, for that matter, to touch upon a great many aspects of so meaty a book. It may be remarked that to this reviewer the treatment of symbolism, and in particular the chapter on science, seem the best in the literature of anthropology. By comparison, the chapters on language and art seem perfunctory. But is there any brief and satisfying discussion of those subjects?

Even the illustrative maps make a suggestion that could be argued at great length, and probably will be—that of a series of stages in social development, perceptible in technology, in division of labor, and in complexity of institutions.

In the present Babel of the social sciences, it is not likely that any one, outside a small coterie of the faithful, will agree with all of this book, or of any scheme so comprehensive. On the other hand, it is not likely that any one will fail to find important propositions with which he does agree, better formulated and more explicitly stated here than elsewhere. The book is not only too controversial, but too tough to be widely used as an introduction to the subject. But it will probably have long and hard use among specialists.

E. G. Burrows.

Washington, D. C.

Environment and Education: A Symposium. By Ernest W. Burgess, W. Lloyd Warner, Franz Alexander, M.D., and Margaret Mead. Chicago: University of Chicago Press, 1942. 66 p.

This symposium was arranged by the Committee on Human Development as a part of the Fiftieth Anniversary Celebration of the University of Chicago. The committee and its chairman, Robert J. Havighurst, are to be congratulated on their foresight in the selection of the participants. The papers represent the respective fields of sociology, social anthropology, psychoanalysis (and psychiatry), and ethnology. Each paper presents excellently the kinds of datum and the deductions drawn in their special field that have a bearing on the relationship between environment and education. None of the authors loses sight of this central theme.

One of the striking facts about the four presentations is that formal education, as represented by our "educational system," receives only the most cursory mention. There is nothing to indicate that the authors minimize the importance of formal education. It is rather that they all agree that the most crucial environmental forces for the education of the individual in the vitally significant sense lie elsewhere—namely, with his family, friends, intimates, and the minutiæ of his inter-personal transactions with other human beings.

The first paper, *Educative Effects of Urban Environment,* by Ernest W. Burgess, professor of sociology at the University of Chicago, emphasizes the secularization of life in the modern city. Burgess specifies four chief characteristics of such life—it is highly mechanized, rational, impersonal, and commercialized. The effect of this upon the individual may be expressed in one word—sophistication. The manifestations of this are (1) precocity; (2) a diminishing of the influence of the family, the church, and the neighborhood; (3) cynicism; (4)

tolerance; and (5) individuation. Certain of these tendencies substitute organic stimulation for social participation and are subversive because they undermine and destroy the fabric of social relations that make up society.

Burgess then uses Shaw's studies of delinquency, and the recent Chicago experiences of treating delinquents by incorporation into the community, as examples of correcting failures in socialization.

This contribution presents clearly and well the approach of an outstanding sociologist to the educative effects of urban environment. It contains many ideals of importance to the mental hygienist.

Educative Effects of Social Status, by W. Lloyd Warner, also of the University of Chicago, emphasizes that the impact of the group upon the individual takes place in dramatic episodes, consisting of individuals in interaction. Dr. Warner makes a comprehensive and convincing statement: "In order to survive, a society such as ours must have, and does have, methods by which the group's basic way of life and specialized status behavior can be passed on to the younger generation, and each growing child must *learn* or face destruction. There is no halfway ground for the group or for the individual in the group."

Dr. Warner illustrates his thesis with episodic material from studies of the class system of "Yankee City" as affecting junior and senior high-school students through the functioning of the clique system.

> "The clique is the intimate informal group of friends with whom one participates. . . . Among adults and adolescents it is a powerful mechanism for controlling the behavior of the individual. It is a brave youngster who will go against the dictates of his or her clique. Even the family controls are frequently less powerful. . . . Constant repetition of such positive and negative experiences, day after day, soon teaches the socially inferior or superior children how they must act to be prepared for eventual acceptance of their inferior or superior adult status."

The third paper, *Educative Influence of Personality Factors in the Environment,* is by Franz Alexander, M.D., of the Chicago Institute for Psychoanalysis. Under the subheadings, *Critque of The Heredity Point of View* and *Critique of The Environmental Point of View,* Dr. Alexander clears the atmosphere in a scholarly manner for a penetrating discussion of the part of the general topic assigned to him. Under a third subheading, *The Importance of Early Environmental Influences,* he discusses some of the current controversial questions centering around the concept of the Œdipus complex, in order to bring out the importance of the early environment as well as "the conclusion that cultural constellations can reinforce and bring into the foreground certain emotional mechanisms, but cannot introduce any fundamental dynamic principles into human nature."

The discussion of the importance of specific character traits of

parents deserves special attention. Although observers of children and their development commonly comment upon parental character traits, this comment is usually in the nature of an emotional outburst rather than an exposure of these traits in an object of scientific investigation. Dr. Alexander points the way to this crucial field of investigation.

The first part of the last paper—*Educative Effects of Social Environment as Disclosed by Studies of Primitive Societies,* by Margaret Mead, of the American Museum of Natural History, New York City—is devoted to an attempt to refute some of Alexander's statements, Alexander answering later in his additional remarks.

The most important themes in this paper are that "there are definite mechanisms characteristic of different cultures by which the social character of the child is molded to conform to cultural standard," and that "in an equilibrated and homogeneous culture . . . various experiences are not a simple sequence in the life of the individual, . . . he is receiving the impact of all of them at once, both directly and mediated by others. . . . The experience of the child is far more complex and integrated than if these represented a sequence, spaced out over a lifetime."

Using observations of the life of Balinese, Dr. Mead presents her data in ways that are not likely to be forgotten.

In casting back over these four presentations, the reviewer is impressed with their unusual excellence and with the degree to which they complement one another. They can be earnestly recommended to all serious students of mental hygiene and the social sciences.

E. Van Norman Emery.

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Learning and Teaching in the Practice of Social Work. By Bertha Capen Reynolds. New York: Farrar and Rinehart, 1942. 390 p.

On the basis of thirty years of rich and varied experience in social work, as a practitioner, a teacher of students and supervisors, a consultant to executives, and a discussion leader in brief seminars or institutes for staff development in agencies or the stimulation of workers and volunteers in the community, Miss Reynolds has written a valuable book on the processes of learning and teaching in the field of social work.

In her analysis of social work, the author recognizes that there are generic elements basic to all forms of social work, which is "an art of working with people," with "emphasis on the openminded understanding of the clients and their life situation." Not only are these unifying concepts of value in the approach to the client by a social

worker, whatever the agency function, but they are also essential in the approach of the teacher to the student, the supervisor to the worker, the leader to the discussion group, and the executive to staff, board, volunteers, and community. These elements include a focus upon "a diagnostic understanding of the people and situations with which it deals," the ability to see "people as dynamic forces in the situations in which they are," and the expectation of influencing them "only by becoming a part of the situation, as a person with professional awareness and experience," and by using "the invigorating power of the relationships between the personality of the social worker and that of the persons worked with." Any such relationship is used in "a professional way, with mutual confidence and coöperation" and the "conscious upbuilding of self-respect." It also involves the "rigorous discipline of the worker's self in order that, freed from personal preoccupations, he may give his best skills in service." A further requisite is commitment "to an unrelenting search for truth, even when it concerns their own behavior, and to an unwavering desire to see people able to give as well as to receive, to help as well as to be helped." The author's consideration of all these factors is colored by a knowledge of personality gained from the field of psychoanalysis.

With the progressive educator's emphasis on educating the whole person, Miss Reyonlds differentiates five stages in the learner's progress: acute consciousness of self, a sink-or-swim adaptation in which he barely keeps up with what the situation demands, a stage of understanding the situation presented without power to control his own activity in it, a stage of relative mastery in which he can both understand and control his own activity, and the stage of learning to teach what he has mastered. She also discusses the need for providing additional training of a professional nature for the preparation of supervisors, teachers, executives, and administrators of social agencies.

In the section on "Learning and Teaching in Groups," the problems discussed are those involved in planning and assembling a group, in making a diagnostic preview of the group, in stimulating discussion, and in handling the problems of individuals. Among the subjects considered are the interplay of theory and practice, laboratory teaching in the application and testing of case-work concepts and the relating of scientific knowledge to case material, and informal teaching in short or brush-up courses. The author also lists nine qualities, essential to good case-work, that can be "appreciably increased by work done in the classroom." While this is one of the best analyses of desirable characteristics the reviewer has seen, it would be equally relative to excellence in any other professional field,

and individuals with all these capacities probably are comparatively rare in any field.

In the last two sections of her book, Miss Reynolds considers problems in the orientation and supervision of students in practice and the changes in focus and methods required for working through and planning with others, in the supervision of staff workers, in teaching, and in the relationships of executives to staffs, agency boards, and various groups in the community. In conclusion, she discusses recent developments in the wider use of volunteers, the need for analyzing social-work jobs to ascertain those activities which can be adequately managed by volunteers, and the ways in which these aids may profit by brief training programs and supervision by trained and experienced workers.

One of the exceptional qualities that Miss Reynolds brings to her work is a breadth of outlook and understanding developed by her explorations and contacts in a variety of fields of thought and experience other than social work. There is a sad tendency in the majority of professional workers in all fields to limit their interests rather solemnly to the groove in which they function. Creative interests and experience that, on first thought, may seem quite alien to professional competence always result in an enrichment of personality and an expansion of sympathy and skill that are of great value in professional life.

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SOCIAL WORK: AN ANALYSIS OF A SOCIAL INSTITUTION. By Helen Leland Witmer. New York: Farrar and Rinehart, 1942. 539 p.

Dr. Witmer undertook this research when she found it impossible to carry out her original intention of writing a textbook. The obstacle she came upon was the lack of clarity in the definitions of social-work personnel, of activities engaged in by social workers, and of the underlying purposes and values of social work.

For the sake of brevity, it is necessary to omit a discussion of the author's most interesting research method, based on John Dewey's *Logic: The Theory of Inquiry*. The hypothesis on which the research was built is that social work is a social institution according to the four criteria proposed by Bronislaw Malinowski—"activities, personnel, a charter and norms, and a material apparatus, all of which are organized and systematized for the fulfilling of some social function." The three divisions of the book relate, of course, to the pursuit of data pertinent to these four criteria.

Dr. Witmer's interpretations and conclusions are direct outgrowths

of her definition of social work as "an organized system of activities through which individuals are helped to utilize other institutions' services." If one accepts this, with its emphasis on helping individuals, one accepts also the author's conclusion that social case-work and *social* group work (not educational or recreational group work) are unquestionably part of social work. And one must logically then arrive at the conclusion that community organization, research, and social action are not social work, but auxiliary to it; that is, they exist in order to enable social work to function. This is in a sense a very fine distinction; social case-work and social group work could not operate without the auxiliary activities, and there would be no use for the latter if the former did not exist.

Certain other distinctions are, however, of real seriousness and much more controversial than that just mentioned. For example, Dr. Witmer's interpretation of poor relief is that it was—and is—an institution in itself, designed to fill an economic gap, and that our current public assistance agencies are likewise economic institutions and not social-work institutions. Social work, she believes, was created by the C. O. S. movement when dissatisfaction with poor relief resulted in attempts by private agencies to administer relief by more constructive methods. The issue here is primarily that of looking upon relief-giving agencies as economic institutions.

Certainly there is a point here, and it is consistent with the author's conclusion that, if one accepts her definition of social work, it is not a function of social work to fill gaps and create substitute institutions. She would limit the part of social work in relief-giving to administering relief in such a way that "the receiving or denial of relief [is] a constructive experience for the applicant, one that will enable him to preserve or mobilize his personal resources."

This conclusion leads directly to the highly debatable question, Are other services than relief not to be made available through public assistance agencies? We have, first of all, the interpretation of the Social Security Board that "related services" are to be given; and second, the very obvious lack of coverage by private agencies throughout the nation, which, from any standpoint of serving the public where there is need, makes it imperative that such other services be administered by the established public agencies.

If, however, it is conceded that public assistance agencies are economic institutions, then we might see social workers restricting their activities in the way Dr. Witmer discusses, as medical social workers in a medical institution restrict theirs to clients' difficulties in making full use of medical facilities. Perhaps, then, those of us who do not agree to this restriction for the public assistance agencies

do not really see them as economic institutions, or make an exception to the definition, with or without logic.

This point will perhaps be made clearer—the problem will be clearer, not the solution—if we turn to Dr. Witmer's discussion of the private family-case-work agency. This reviewer wishes to emphasize and underscore the fact that no researcher who is attempting to examine a professional field can successfully clarify what its practitioners have not yet clarified. The author's attempts to define family case-work are dependent on the state of the practice itself, and family case-work is at this time varied in scope, function, and objectives.

To be sure, in keeping with the definition of social work as quoted, the function of family case-work is stated as that of helping family members to make good in the organization to which they belong, *i.e.*, the family. One can think immediately of a group of applicants for whom this function holds true in its most literal sense; they present problems of interpersonal relationships in the family group, or economic and other problems that are created by or that are resultants of such interpersonal maladjustments. Immediately, however, we face the fact that applicants to public agencies are also threatened with family disintegration by reason of economic need and that for them also the reverse is true. For all practical purposes the distinction that Dr. Witmer makes, on the basis of different purposes and methods of relief-giving, breaks down.

To say that family welfare agencies aim to reëstablish individuals and families in the economic system, while in contrast public relief agencies offset the inadequacies of other institutions, is to deny one of the basic purposes of the relief categories, which aim to keep together families that would otherwise disintegrate, and to deny also the related purpose, to enable certain clients to reinstate themselves when health is restored, or employment available, or vocational competence achieved.

To say that "in contrast to public assistance agencies, whose funds are provided by law for the relief of financial distress, most family agencies have the policy of using money to preserve or strengthen family life," is to overlook certain important facts. One is, as we have already implied, that public funds are provided to relieve financial stress because one of the disastrous results of economic need is the breakdown of family life. Another is that money in private agencies is not given on a basis other than financial need. We should not be confused by the fact that public agencies meet maintenance needs and private family agencies usually meet only needs that are beyond the maintenance level. In either case, most practitioners will agree that if money is given, no matter for what, the basis for giving is

the inability of the family to meet its own economic need. The fact that money serves purposes that are social and psychological in nature does not change the basis on which it is given.

Other confusions arise in the discussion of family-case-work agencies. Dr. Witmer suggests that because families are endowed with many functions and have relationship to so many other institutions—medicine, education, law, and so on—family case-work is frequently concerned with helping family members to use other institutions than the family itself. But, she says, such activity is restricted to those problems of institutional relationships that affect family life. If this were taken literally, it could eliminate many problems that might affect a single family member, but not necessarily his use of the family as an institution, or one might say that anything affecting a family member affects family life, and therefore eliminate nothing. If one sticks to Dr. Witmer's statement that there is "no such thing as an organization engaged in general social-work practice," and to her definition of family case-work, one looks for quite a restricted area of activity in family case-work. Actually it is far from restricted in practice, and one questions whether there is not in reality a general practice.

Some of the same problems and questions are found in the field of child welfare. Some, again, are dependent on the author's own conclusions. Since, for instance, she does not envisage social work as "filling gaps," the provision of foster homes and of institutions as substitutes for own families is seen as a social-welfare institution, but not a social-work institution. However, social work in children's institutions, or in foster-care agencies, has its place as auxiliary in helping children use the institution or foster home, or in helping adults care for the child.

At this point we note that some social workers will take exception at the start—that they will not accept the definition of social work as quoted. They will say that since the need for substitute homes is primarily observed by social workers and their use is facilitated most adequately by social workers, we can and should assume "filling gaps" as a social-work function.

A careful reading of this well-written book is so stimulating and challenging that one must exercise great restraint in reviewing it or else find one's self writing volumes. A great deal could and should be said about the author's treatment of the problem of method in social-work practice. There is space perhaps for one comment on Dr. Witmer's description of the dichotomy in method (p. 397). She makes what to many practitioners will seem an unfortunate separation and one not always observable in practice. She speaks, on the one side, of case-workers "who conceive their task chiefly as diagnos-

ing the nature of a client's difficulties—setting in motion plans for their elimination," and, on the other side, of those who are chiefly concerned with engaging the individual in the solution of his problems. It is perhaps an impertinence, or the expression of a bias—since no single reviewer has all the data this author has obtained from many interviews and extensive reading—to suggest that it might be more accurate to say that while no competent practitioner ignores the need to engage the client as fully as he is able in the solution of his problem, the variations in practice are more often found in the activity of the worker—how much she thinks diagnostically and how and when she assumes responsibility, on the basis that not all clients are able to assume it, or that some can assume more than others.

Dr. Witmer's task was made infinitely difficult by the state of flux in social work—by our confusions, rather than by the complexity of the field. We owe her sincere thanks for having more clearly defined some of the problems and for having accumulated in an orderly manner so much of our scattered data. The fact that social work is undefined to such an extent that Dr. Witmer's proposed textbook turned into a report on research warns the reader that this is not an easy book to assimilate. It is, as a matter of fact, a book that will mean most to quite experienced social workers and that would conceivably be too confusing to students and beginning practitioners to be used in orienting or teaching them.

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THE HISTORY OF PUBLIC WELFARE IN NEW YORK STATE—1867–1940. By David M. Schneider and Albert Deutsch. Chicago: The University of Chicago Press, 1941. 410 p.

This volume continues the authors' previous work, which traced the evolution of public welfare from Colonial times through the Civil War, and takes in the last three-quarters of a century, during which the pattern of public welfare in New York State has undergone profound changes. In illuminating chapters we are told of welfare work in an era of reconstruction and industrial expansion (1867–1894); of the expanding scope of state supervision (1895–1916); of welfare in the last World War and the post-war period; of state consolidation and control (1922–1929); and of the impact of the great depression of 1930–1940. Of special interest to readers of MENTAL HYGIENE will be the chapter on the period 1867–1894, when the program of state care for the insane in New York was begun—a program that, in the opinion of the authors, "still stands as a model for other states."

Up to 1843 most of the insane who could not afford treatment at private hospitals were still kept in poorhouses or jails, receiving little or no medical attention and subjected to extreme forms of brutality. The opening of the first state hospital at Utica in 1843 relieved the situation, but overcrowding soon set in, and hundreds of acute cases went without hospital treatment.

After the Civil War, a state-wide inquiry into the condition of the insane poor in local institutions was conducted by Dr. Sylvester Willard, and the Willard State Asylum for the Chronic Insane was established in 1869 to receive chronic insane patients, who had previously been confined in almshouses. It soon became apparent, however, that the asylum could not accommodate all the indigent chronic insane. The legislature in 1871, therefore, authorized the continued maintenance of the chronically insane in county institutions. For the most part these county "asylums" were not separate institutions, but were merely rooms set aside in the poorhouses.

Many welfare leaders in New York State felt that the condition of the insane in county asylums and poorhouses was intolerable. A movement based on this conviction, headed by the State Charities Aid Association and its indomitable founder, Louisa Lee Schuyler, paved the way for the famous "state care" act of 1890. This act is regarded as one of the great milestones in the care and treatment of the insane. Its effect reached beyond the boundaries of New York and prompted similar action in other states.

Another act passed in 1890 provided that all state institutions for the mentally ill were to be known as "state hospitals"; the term "asylum" was to be omitted from their titles. This was a significant change in nomenclature and was in accord with similar changes taking place in other fields of welfare. Gradually the care and treatment of the mentally ill moved out of the sphere of the State Board of Charities, falling within the scope of the State Commission in Lunacy, which was transformed into the State Hospital Commission in 1912 and renamed the State Department of Mental Hygiene in 1927.

During the quarter century that followed the Civil War, institutions were also established for the mentally deficient. Increasing emphasis was placed on heredity as a cause of crime and pauperism, and the Newark State School, opened in 1878, is regarded as "the first concrete attempt to prevent, through the medium of institutional segregation, the transmission of hereditary mental defectiveness."

Prior to 1894 epileptics who required public provision in New York were usually maintained in county almshouses and asylums. In his first annual report for 1873, the state commissioner in lunacy urged the immediate establishment of a special institution for epileptics who "need special medical treatment and vigilance such as they cannot

receive in county almshouses. Nor are they properly placed in lunatic asylums.'' This recommendation was repeated in every subsequent report of the commissioner and the State Commission in Lunacy until in 1894 the legislature authorized the establishment of the Craig Colony, named after Oscar Craig, a former president of the State Board of Charities, who had played a prominent part in the founding of the institution.

Since this book was published, the United States has been drawn into a second World War, and the authors' review of welfare problems during the first World War and the post-war period are of decided interest to-day. Both public and private social agencies engaged in ''normal'' pursuits suffered professionally, as workers enlisted, and financially, as funds were diverted to war relief and to the relief of dependents of men in military service. Special legislation was enacted on Federal, state, and local levels for the relief of dependent families of men in military service, but Federal funds were the principal source of such support. Organized recreational work among the military forces stimulated the introduction of similar activities among the civilian population.

The physical examinations of army recruits indicated an alarming amount of disease and disability in the general population—a discovery that served to stimulate interest in health and welfare as a means of building up the nation's man power. The prevalence of gonorrhea and syphilis, as revealed by the army medical examinations, likewise stimulated much interest in social hygiene. Another result of the army examinations was the apparent discovery of a startling proportion of mental defectives among recruits. This finding helped to reawaken public interest in mental hygiene.

The demobilization of millions of men and the readjustment of war industries to a peace-time basis resulted in extensive suffering and a great strain on the welfare machinery of state and nation. Unemployment and its relief probably received more extensive and organized analysis during this period than in any previous depression. Such activity had little practical effect in meeting the needs generated by the crisis, however, and the lessons learned from it were all but forgotten when economic depression again struck the nation in 1929.

In a concluding chapter many of the social-welfare problems we are now facing and are still to face are foreseen. The impact of the armament program upon relief has had a mixed effect, some factors tending to reduce dependency and others to aggravate it. Probably not more than half the families now receiving home relief in New York State have any employable member, and the possibility of employment among those receiving categorical aid is obviously very limited. The old and the very young, the disabled and those whose

skills are irretrievably lost through long disuse, must remain a charge upon society in good times as well as bad, for they are affected but little by the ebb and flow of economic activity. New problems generated by the national defense effort lie not only in the field of dependency, but relate also to housing, health, education, and recreation.

In the foreword to the book, Mr. David C. Adie, late Commissioner of Social Welfare of the State of New York, writes:

> "There is at present a growing conviction that the pace of industrial activity necessitated by national defense has in it the seeds of a devastating crash at the termination of the armament program. If this timely volume, by flood-lighting the mistakes made in past depressions, makes it somewhat easier to take intelligent social measures to ward off or greatly reduce the threat of future disaster, the authors will have contributed something of value not only to the state, but to the nation as a whole."

We should like to share his hope concerning the possible influence of the book.

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EDUCATIONAL PSYCHOLOGY. By W. W. Cruze. New York: The Ronald Press Company, 1942. 572 p.

The main aim of this textbook is to present material for a basic course in educational psychology. Instead of presenting the various aspects of psychological controversies, the author has given the fundamental material of educational psychology as a unitary whole, with emphasis on the scientific and practical, rather than on the philosophical, approach. The book is meant primarily for students whose interest is in teaching, and the approach is thus designed to meet the needs of the teacher-in-training group. References are made only to the most authoritative sources, and these serve as illustrations of scientific research.

The subject matter of the book is divided into five sections, each dealing with a separate phase of educational psychology. Part I consists of two introductory chapters. In Chapter 1, the author has shown the relationship of educational psychology to the other branches of psychological research, and its contributions to psychology as a science. Chapter 2 describes the objectives and procedures used in educational psychology, with an evaluation of each. This section is especially valuable as a means of orienting students to the subject.

The question of development, which is omitted from so many textbooks in educational psychology, is taken up here in Part II, *Progress Toward Maturity.* A discussion of human heredity and prenatal

development gives the student a picture of the human being from his beginning, together with a description of the important factors that determine what sort of individual he will prove to be. Chapter 4, which describes the nature of growth, is of special value because of the clear and concise distinction it makes between maturation and learning, and the rôle played by each. The three remaining chapters in that section are all good so far as concerns the topics discussed in them—the acquisition of skills and knowledge, and intellectual and social development. But the range of material covered is too limited to give the student a comprehensive analysis of the individual's development. It serves merely as an illustration of postnatal development.

Part III analyzes the learning process. It takes up the conventional topics and refers to the experiments that one generally finds in a textbook in educational psychology. But emphasis is also placed on the important rôles played by organic and psychological factors in influencing learning efficiency, on the transfer of training, and on methods of measuring the results of learning. Chapter 9, which discusses the organic factors that influence learning efficiency, is somewhat out of the ordinary and for that reason adds a distinctive touch to this section. Chapter 12, which analyzes the methods of measuring the results of learning, gives the student a very good idea of the new methods of measuring the efficiency of education.

Part IV, *Personality Growth and Development,* represents an innovation in the traditional subject matter of educational psychology. It introduces the student to the field of personality study and measurement, and also to phases of mental hygiene. Because of the limited space that can, of necessity, be alloted to this topic, the treatment of personality disorders is, as a result, limited in scope. But it has an important function in that it broadens the point of view of the student by introducing him to atypical children as well as to the normal individual.

For students who may never go further in the field of psychology than an introductory course in educational psychology, Part V, *Perspective and Prospective,* is very valuable. In the one rather brief chapter that makes up this section, the author has outlined briefly the development of modern psychology and the various schools of thought that exist to-day. He has gone one step further and has predicted what the next steps will be, especially as psychology is related to the field of education. Perhaps the war will bring about changes and readjustments which no one can foresee at the present time.

The material of the entire book is presented in a simple, easy-to-read style which is well suited to a beginner in the study of psychology

who is not yet familiar with technical terms. At the same time, each chapter is well filled with references to numerous experimental studies, together with brief descriptions of the methodology of the experiments and the outstanding findings. Footnote references to these researches make further study of them easy for the student or the teacher.

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PRINCIPLES OF APPLIED PSYCHOLOGY. By A. T. Poffenberger. New York: D. Appleton-Century Company, 1942. 655 p.

A new edition always invites comparisons with its original. This is especially true when the original has enjoyed a continuous and well-deserved popularity, as is the case with the present volume, whose first edition appeared in 1927 under the title, *Applied Psychology; Its Principles and Methods.*

Roughly, a third of the content of the current edition is new material; there is a wealth of new tables and charts; nearly every page has been revised. The sections on vocational and industrial psychology have been enlarged by six new chapters. There are new chapters on monotony, on radio advertising, and on the psychology of the judge and jury. Three original chapters on heredity, family inheritance, and sex differences have been combined into one on hereditary conditions of adjustment, but involved in this regrouping of topics, there is a net expansion rather than a condensation of material and interpretation.

In spite of these large additions of new material and radical alterations in the amount of space allotted to the various topics, there is little of fundamental change. The emphasis continues to fall heavily on the principles of applied psychology and on the welfare and satisfying adjustment of the individual. It is noteworthy that fifteen years of enormous advances have brought so few changes in basic principles. Again and again the concluding sentences that summarize a line of evidence are taken verbatim from the original edition. This is testimony not only to the maturity of applied psychology, but also to the soundness of the original formulations.

The new edition will be cordially welcomed both by students and by teachers of applied psychology.

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CHILDREN HAVE THEIR REASONS. By Ruth Wendell Washburn, with an Introduction by Dorothy Canfield Fisher. New York: D. Appleton-Century Company, 1942. 257 p.

This book, according to the author, "was written to emphasize and reëmphasize the fact that it is insight, not formulas or technics or ready-made methods, that makes for the successful training of children." The author states with pride that "the only reference books used were a few from the library of the American School of Classical Studies at Athens in Greece, and the Bible." But she hastens to add that "much of the experience underlying the discussion was gained while working with the group at the Clinic of Child Development at Yale University, of which Dr. Arnold L. Gesell is the director. Dr. David Levy's experiment with puppies is referred to on page 113; Dr. Helen Thompson's work with twins, on page 205; and Dr. Erik Homburger Erikson's resolution of the fear of death, on page 143." In Chapter VIII, *The Search for Physical Satisfactions,* some of the most significant contributions of Freud and his disciples are rephrased in more appropriate English which could not offend the most fastidious modern American reader.

The book is a subtle blend of ancient wisdom, perennial common sense, and modern child psychology. The keynote is a recognition of individual differences and a respect for personality, even in the young infant. The book should serve as a wholesome antidote for bewildered mothers who have read too many pamphlets on habit training, written in the recent, but already outmoded, period when it was supposed that behavior could be controlled by "objective methods," arbitrarily applied with no regard for what the child may be feeling and thinking.

All psychologists and psychiatrists should certainly read the book, if only to learn from some of the amusing anecdotes how the best of general advice can go astray in a particular home situation. Clinicians are daily faced with the task of explaining such technical concepts as maturation to clients with no biological background. If technical terms are used in the explanation, the client may nod assent as if he understood everything, and then go right on making the same mistakes. This book offers many models of nontechnical reports and lucid explanations. The following is a sample:

> "Training for control of elimination is often the first real bit of teaching in which the program gets ahead of the child's developmental readiness to take over the responsibility. . . . Some specialists suggest that a child be regularized (taken at times when he is known to need the toilet), but not really expected even to begin to control the situation himself until he is eighteen months or even two or three years old. At about eighteen months a training program can be begun and continued

> for about a week. If the child makes rapid progress, well and good; it is evidence that he is ready. If he makes no progress, wait another month or so, and then give him another chance. So can the pitfalls, encountered when teaching him before he is ready to learn, be avoided."

There are psychiatrists and even psychologists still publishing pamphlets on child training that seem to ignore the maturation factor in some important areas.

On the whole, the book is wholesomely optimistic. The transitory nature of many distressing behavior problems is emphasized. "An attack of what is clinically known as negativism, a feeling of no-ness, is almost as inevitable as teething" (p. 38). Dramatically and with many amusing homely details, the writer helps us realize just how the child learns to say "no" so often at this period. For one thing, he hears it continually all day long. " 'No, you can't have that. It's your father's. No, you mustn't touch that. It will break. No, you mustn't go near the stove. It will burn you. No, the cook doesn't want you in the kitchen while she is busy.' Does a child really use 'No' more often than his parents?" (p. 39). "The stricter and more insistent the prohibitions or commands, the more acute the negative feelings are apt to be" (p. 41). "There must always be conflict between the child's need for freedom of action and the parents' need for a sense of power or success in the teaching rôle" (p. 42).

The author is perhaps too pessimistic about the inevitability of a period of conflict. So long as one thinks of the teacher-pupil relationship in terms of dominance-submission, antagonism does indeed seem inevitable, but H. H. Anderson has shown the possibility of a free, coöperative relationship, which is neither dominance nor submission. He calls it integration, because the activities of two or more individuals are integrated into a shared activity satisfying to both. Even very young children are capable of such integration, if the teacher's approach is integrative. Integration begets integration, whereas dominance very often evokes rebellion. Künkel, too, has pointed out that very young children are naturally coöperative. It is their elders who break the "we" relationship. Familiarity with Anderson's and Künkel's contributions would have shown the author a way out from what appears in many parts of the book to be regarded as an insoluble dilemma.

The author debunks a good many ready-made techniques of habit training, including "the good old star chart" (p. 55). Her positive contributions are not so great, but no one can deny that a book emphasizing imaginative insight as against mechanical method meets a real need.

To the reviewer, it seems that the author too lightly sanctions the Santa Claus myth and other small deceptions, which are known to

have upset some children. She says (p. 138): "No child need feel that his parents have deceived him when he finds that a fat old saint does not climb down all the chimneys." Perhaps not, but the fact remains that some children have felt deceived, and have cherished a distrust of their parents during those formative years when they had greatest need of some one on whom they could rely. Sincere, but inaccurate answers based on parental ignorance are of course excusable, but the Santa Claus myth does not fall in this category. Some children find it hard to forgive a deliberate deception which they vaguely recognize to be rooted in adult pride of superiority. That adults make a joke of their childish credulity is patently obvious to some of them. In recent years so much progress toward simple honesty with children has been made that it seems a pity for any author to cast it aside so casually. To be sure, the author goes on to say (p. 138): "An actual though spiritual and intangible fact has merely been translated into concrete pictures which make it comprehensible to children at an age when they think chiefly in terms of what they have seen, heard, felt." But is this true? Does the Santa Claus myth make anything comprehensible? The writer seems to forget the long transitional period between the simple, literal credulity of the pre-school years and the symbolizing, abstracting period of adolescence. Repeated experiments have shown that the metaphorical significance of fables is lost on kindergarten children. For many there comes a period of bitter disillusionment when there just isn't any Santa Claus. Why build an illusion so certain to be shattered. Would Christmas presents be less welcome if known to come from Father?

Most of the psychological facts and principles set forth in the book are true and in line with the best modern thinking, but here and there one finds some time-honored misconception restated. For example, the author says (p. 139): "Grown-up people, whose minds are clogged with so much that has been stored away, have a much harder time learning by heart than children with ample storage space at their disposal." Now there is abundant authority for such a statement if one goes far enough back in the literature of arm-chair psychology, but it is amazing that any one familiar with the mental-test movement could make such a statement. Verbal learning ability, like other abilities, increases throughout childhood. Norms for sentence memory and for paragraph memory increase with age. Public schools regularly and rightly increase the learning load, year by year, and colleges expect more rapid learning than high schools. If it were true that "minds" "clogged with so much that has been stored away" have a harder time learning, then it would be reasonable to expect the first-grade children to master the longest home-work assignments,

to lighten up the load a little each year, and to expect college students to grasp no more than two or three sentences a week.

Except for a few absurdities of this sort, the book is on the whole excellent. Its greatest contribution is to make it clear that "at least two minds are at work in every situation, not only the grown-up's, but also the child's" (p. 63). Each chapter abounds in well-chosen, homely illustrations which show the motivation and thought processes behind the activities of young children.

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CHILD LIFE IN SCHOOL: A STUDY OF A SEVEN-YEAR-OLD GROUP. By Barbara Biber, Lois B. Murphy, Louise P. Woodcock, and Irma S. Black. New York: E. P. Dutton and Company, 1942. 658 p.

As indicated by the title, this is an account of the schoolroom activities of a group of seven-year-olds. The children studied, ten in number, were enrolled in the "Sevens" division of the Little Red School House, an experimental school located in the Greenwich Village section of New York City. The school follows the so-called "progressive" plan of education, in which restraint is at a minimum, the daily program is highly flexible, and the children are, for the most part, permitted to follow their own chosen lines of activity. No matter what one's educational theories may be, it is undeniable that such a set-up is optimal for the observation of child behavior and personality.

After an introductory section in which the purpose of the study—that of making a detailed analysis of a single level of development—is set forth, together with a description of the school and the subjects, the book is divided into three main parts. The first of these is an analysis of observation records of the children's behavior during various types of school activity. Part II deals with behavior in certain problem-solving situations, during "performance" tests and in projective play situations, with a detailed analysis of the children's responses to the Rorschach test. Part III brings together all the findings for the individual children in a series of detailed case studies. The final chapter is an attempt at summarizing all the foregoing material to give a picture of the level of maturity of the typical seven-year-old. A series of sample records, a bibliography of 54 titles, and an index complete the volume.

The study is noteworthy for its sympathetic insight into the significance of small details. By painstaking integration of a vast collection of behavioral minutiæ, the authors have arrived at a series of

personality portraits of remarkable clarity and brilliance. Nevertheless, the person interested in the broader aspects of child development is likely to feel some regret that the pictures have been so rigidly focused. Apart from one or two brief statements to the effect that the children, for the most part, came from homes of superior cultural status, background information is completely lacking. In view of the great emphasis upon individual differences in the personality patterns of the children as displayed in school, some information about the character of the homes from which they came should be illuminating.

One feels that the authors have attempted to do four things: (1) to make a contribution to the methodology of child study; (2) to demonstrate, by means of a series of vivid case studies, the great divergences in personality shown by children of a given age; (3) to demonstrate the superiority of a less restrictive type of educational procedure over the more formalized methods that have prevailed in the past; and (4) to present a broad and fairly inclusive picture of what the seven-year-old child is like. The last is the avowed aim of the book, but the other objectives seem implicit in the manner of treating the data and in the general discussion.

As a contribution to observational methodology, the book unquestionably has something to offer. None of the procedures are new, but the manner of handling the data is in many respects both unique and suggestive. As yet the approach is fumbling, the treatment discursive and rambling. The impression made is similar to that given by a student who turns in all his work sheets without separating them from the major outline of his solution. One could wish that a greater share of the winnowing process had been undertaken by the authors, with correspondingly less drain upon the time of the busy reader.

The case studies, with their wealth of intimate detail, are remarkable illustrations of the many and delicate nuances of personality structure. They provide a convincing demonstration of the fact that personality differences are differences in pattern, depending upon the organization of innumerable small details far more than upon gross differences in measurable "traits." Yet these studies, striking as they are, raise a number of unanswered questions. To what extent does the consistency of the portraits result from the fact that only school behavior is portrayed? Hartshorne and May, in their classic studies of conduct, found marked consistency in the behavior of children when the circumstances remained the same, but great inconsistency when the conditions were changed. In this case, no attempt has apparently been made to follow the children past the door of the school building, or to ascertain whether or not the pictures would

be modified by a change in the background and in the angle of regard.

Moreover, one is left completely in the dark as to the possible origin of the great personality differences so vividly portrayed. Why is Allison "humorless, rigid, unresponsive," Douglas "expressive and articulate," Mark "restrained and fastidious," while Carol is "quick, impetuous, and mercurial"? Granted that we as yet know so little about the factors that give rise to these differences that any attempt at a definite explanation in terms of family background or early experience is hazardous in the extreme, it still seems regrettable that so meticulous a series of case studies of behavior should be confined to a single situation cut off from the remainder of the child's life by a wall of silence.

The implicit plea for greater individual freedom in the classroom than has usually been thought wise requires no particular comment here, since the data given provide no real evidence as to the superiority or inferiority of the educational philosophy adopted. It may be noted, however, that the children studied were of highly superior general intelligence (median Stanford-Binet I.Q., 130.5) and that both in material equipment and number of teachers per pupil the school in question greatly surpassed the ordinary type of public school.

The extent to which the final objective—that of obtaining a broad picture of a single level of maturity—has been realized is summarized in the final chapter in a well-organized series of twelve major headings with subheadings and illustrative examples. In spite of the exceptional character of the group studied, most of the characterizations would probably hold for other groups, though I suspect that they would in many instances apply better to children of a corresponding mental age—that is, to children of from eight to ten years—than to the really typical seven-year-old.

The significant thing about these characterizations, however, is that they deal with highly important aspects of child behavior that have been largely or wholly overlooked in most of the conventional books on child psychology. Even the all-too-familiar clichés of the educational psychologists have been given renewed life and significance by the citation of specific illustrative incidents.

Thus, the familiar principle that "thinking gradually evolves from the particular to the general, from the concrete to the abstract," which every student of educational principles can recite glibly enough, but which few really understand, is vivified by the description of an instance in which a child's known dislike of radishes was cited as proof that he was the one who had thrown the radish under the table. Although others disputed whether or not this should be regarded as sufficient evidence, the discussion was quickly transmuted

into the simpler question of likes and dislikes. The dawn of an abstract idea as to the nature of proof was apparent, but the concept was too abstract for them to pursue.

All in all, and in spite of its discursive and repetitive organization, the book is highly stimulating. It can be read with profit by all who are interested in the more subtle aspects of child development and child behavior.

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MOTIVATION AND VISUAL FACTORS. By Irving E. Bender, Henry A. Imus, John W. M. Rothney, Camilla Kemple, and Mary R. England. Hanover, N. H.: Dartmouth College Publications, 1942. 369 p.

The chapter of this book that makes the most fascinating reading is Chapter V, which presents individual case studies of twenty Dartmouth College students. The visual classification of the students was as follows: there were five with refractive and aniseikonic errors corrected; four with refractive and aniseikonic errors, refractive correction; two with refractive error corrected or partially corrected; five with no correction needed; four with motor anomalies. Besides a report on the visual conditions, there are data on school record before college entrance, ratings on mental tests and reading and other tests, grades made in college courses and on examinations, and a "psycho-portrait" or personality study.

The psycho-portraits, when taken into consideration in relation to the other data, are of absorbing interest. The picture of the personality is developed on the basis of written autobiographies, interview material, and responses to such tests as the Rorschach, the Murray pictures, Thurstone vocational interests, Allport-Verno study of values, and so on. These individual case studies indicate very clearly that visual defects *per se* have little to do with good, bad, or indifferent work in college, as compared to the influence of personality patterns, emotional conflicts, attitudes, and motivations. These same personality factors determine the way in which the visual defect is regarded, whether matter-of-factly or otherwise, and whether correction that requires the wearing of glasses will be accepted or rejected.

The psycho-portraits are so well written, and bring each student's own individual personality so graphically before the reader, that there is a temptation to quote extensively from them. Especially tempting would be excerpts that illustrate how two different personalities, with approximately the same amount of impairment of visual efficiency or with the same freedom from visual defect, complain of symptoms or

report none, attribute difficulty in doing their work to a visual condition, or feel that their vision had nothing to do with low grades or failures, and so on. But the pleasure of quoting some of these nice details must be relinquished in order to mention other parts of the book, instead of devoting a whole review to a single chapter.

The first chapter of the book is a very brief introduction which refers to a previous investigation that showed the discrepancies between the actual visual defects of students and their symptomatic complaints and scholastic achievements, but did not answer certain questions that were thus raised. The present study of motivation and visual factors was undertaken, therefore, to answer such questions as the following: "What sort of fellow is this *one* who has this visual defect and does not complain; and this *one* who has visual defects and yet, without correction, does so well in his college work; and this *one* whose eyes are above average and yet does poorly?" For group findings, as the authors go on to say, tell nothing about particular individuals.

The second chapter elaborates on the advantages of the individual case study in answering certain questions. Chapters III and IV describe the methods used in the present investigation and in presenting the case studies. Chapter V, as previously stated, contains the individual case studies. Chapter VI, *Summary and Conclusions,* emphasizes that the data so far gathered do not make it possible to draw conclusions as to the influence of visual defects upon the individual's motivations, but do afford evidence that motivational patterns affect an individual's adjustment to his visual condition. There are also pertinent comments regarding the value of studies of individuals as compared to "piecemeal studies of unit characteristics of groups." Indeed, there is an excellent argument for studies of the whole individual as a way of gaining a knowledge of personality that statistical study of groups of individuals cannot secure for us.

Besides the six chapters, there are three important appendices, giving, respectively, (1) supplementary data concerning the measurement of visual conditions of college students; (2) number and kinds of symptom reported by members of the class of 1940 at Dartmouth College; and (3) glossary of visual terms.

There is a wealth of material in this book to which a review cannot do justice, but which must be read to be appreciated. It certainly should be widely read by clinical workers and others interested in personality problems.

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THE PSYCHOLOGY OF THE PHYSICALLY HANDICAPPED. By R. Pintner, J. Eisenson, and M. Stanton. New York: F. S. Crofts and Company, 1941. 391 p.

The authors are to be congratulated on their concise, modest, well-informed, and excellently written text. They emphasize that there is no special psychology of the physically handicapped individual. At the end of each chapter there is an extensive bibliography and a carefully written summary of the results of intelligence testing, psychoneurotic inventories, personality schedules, and the degree of adaptability of the deaf, hard of hearing, blind, partially sighted, crippled, and other physically handicapped groups.

In contrast to the objective point of view, the excellent compilations, and the factual summaries that make up the greater part of the text, the least effective portions of the book are the first two chapters, which deal with personality development and mental hygiene. The references to the factors of personality, intellect, temperament, bodily build and general appearance, environment, and social culture are skeleton paraphrases of a hybrid, adynamic psychological psychiatry.

The second chapter, on mental hygiene, includes a list of six fundamental human drives. (Why only six?) Such parenthetical abstracts are devoid of practical value and are tautological generalizations, which add nothing to our understanding of human behavior by stating that human beings are "driven" toward "the satisfaction of their biological wants" and in the direction of "success," "approval," "love," and the release from "worry." The rehash of quasi-Freudian "mechanisms of adjustment" to these so-called motivating drives (pp. 23–35) is an obvious oversimplification of life processes. These are not as facile as, for example, in the case cited (p. 25) "of the near-sighted boy who cannot partake in sports" and "compensates by becoming a bookworm and receiving the reward of good school grades plus the approval of his teachers."

In general, however, the book is to be highly recommended as an excellent review of a difficult subject. It will be of value to any one who is interested in a text that effectively brings together the facts concerning the physically handicapped individual.

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SEX GUIDANCE IN FAMILY-LIFE EDUCATION. By Frances Bruce Strain. New York: The Macmillan Company, 1942. 340 p.

Another book from one of the most helpful and stimulating of present-day writers on the subject of sex education. This time it is a practical manual for teachers of all grades from kindergarten through high school.

Breadth of view, strong faith in the great life streams of which sex is the central current, are combined with penetrating insight into the meanings and values of the manifestations of this current as they appear in the thoughts and behavior of children at the various ages. The author shows how the modern school, with its wealth of equipment, is an almost perfect instrument for furthering the social, emotional, and biological development of healthy sex impulses.

The first three chapters set forth ideals, ways of gaining community support, and rather detailed plans for setting up a complete and integrated course in sex education. It will begin in kindergarten with incidental teaching through spontaneous play, dramatization, songs, stories, and observations. In the elementary grades, the teaching will still be incidental, but with a wider scope for observation, care of pets, and some introduction to the structure and mechanism of reproduction. In junior high school should come units of work incorporated into established courses that will clear up the perplexing questions that adolescents ask about themselves and about one another. In senior high school, it is time for regular classes under a broader title such as "Family Relationships" or "Education for Marriage." These courses demand more than mere teaching; they should offer counseling, guidance, and friendship, and no one without adequate training should attempt to carry on senior work.

In Chapter IV to IX, the author takes us right into the school itself, beginning with the first school experience and letting us see and feel the backgrounds, the needs, questions, and desires of healthy children in action. In her usual common-sense, direct way, she shows how all these many demands can be met and directed during all the stages from kindergarten to the last year of senior high school. Specific problems such as arise in every group of children are discussed. Masturbation, for instance, may be merely a temporary and passing stage in development—in which case it need not cause alarm—or it may be a compensating mechanism that indicates serious lack in the social and emotional satisfactions of the child. In the latter case ways must be found for providing those satisfactions in constructive activity, which will use the new energies in life-giving outlets rather than in solitary phantasy.

In the transition period from pre-adolescence to puberty, there is needed a clear, vital, and energizing understanding of human reproduction. Not only the bare facts of how the tiny speck of protoplasm develops into a human being and is born, need be told, but life itself must be interpreted, birth and death made acceptable so that life can be lived acceptably. The wish for parenthood, so strong in the little child, should be kept alive and healthy. To this end the presentation of facts should be "a simple one, not too harshly medical or 'scientific,' not softly sentimental, but human, natural, with an overtone and undertone of warmth, pride, and inspiration for the whole subject of human reproduction."

Chapter XI outlines a plan for a counseling center which should, ideally, be a service agency for parents, teachers, and students, to which they could go to talk over individual perplexities—a place where they would feel safe and free to get release through the personal interview.

Chapters X and XII deal with techniques in sex teaching and personal and academic qualifications desirable for those who wish to enter this new field.

This brief outline gives little idea of the aliveness, the vividness, and the depth of understanding and wholesomeness shown by this author's grasp of her subject. She has everywhere shared her own rich experience with the reader. Always her emphasis is kept on the need for a program in which the reproductive activities become identified with the whole plan of life—with male and female as two coördinating parts of an organic whole. "Sex education is not merely a course of study . . . it is a way of life."

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THE SUBNORMAL ADOLESCENT GIRL. By Theodora M. Abel and Elaine F. Kinder. New York: Columbia University Press, 1942. 215 p.

These two authors present, with clarity and precision, the unfolding of the problems that are most puzzling to the mentally retarded adolescent girl. From its early pages, the book shows evidence of the long, interested association with these handicapped children that is the source of its wealth of information. The foreword states explicitly that the function of the volume is not to discuss techniques or special methods, but rather to treat of the subnormal girl as a human being in her relationship to other human beings.

Problems are classified into those major areas of adjustment that are significant to deviate as well as to normal youth: the home, the

school, and the factory, and institutional care. Separate and distinct are a section on the treatment of the seriously maladjusted girl and one on the responsibility of the community in aiding these adjustment problems. The study is limited to high-grade subnormals, between fourteen and nineteen years of age, whose I. Q.'s lie within the range of 50 to 89. Thus the girls discussed include not only the mentally defective, but the border line and dull as well. The authors emphasize at many points the degree to which subnormality is a relative concept, dependent upon the standards of the home, the school, and the community.

They have emphasized also the social, economic, educational, and personality factors that interact to influence the way in which each child meets her own particular problem. They have pointed out the many similarities between the so-called normal girl and her retarded sister in almost every attribute except that of mental capacity, and have shown how this very similarity makes satisfactory adjustment such an extremely difficult matter for the retarded girl, since she must cope with situations as complex as those that face her more able companions, without their equipment of adequate ability.

Generalizations regarding the kinds of behavior with which the subnormal girl responds to her environment are illustrated with a wealth of concrete instances from actual day-to-day activities. Recurrent throughout is the inference that this response is dependent upon an infinite number of ever-changing factors, always reacting with the constant of mental incapacity to produce behavior that is necessarily unpredictable.

With a rare accuracy and an understanding born of many years of sympathetic service in this field, the book gives its readers a clear picture of the subnormal adolescent girl. It should be of particular interest and value to teachers in general education who are occasionally faced with the retarded girl in regular classes. To these teachers it will explain many of the idiosyncracies of behavior that might otherwise easily be misunderstood. It should serve also the prospective special-class teacher, who, in training, and in his initial period of service, needs such descriptive material as this book offers so that he may gain vicariously an understanding that his teaching experiences will later enrich.

The special-class teacher in service may question the inference apparent throughout the book that mental ability is a static quality; and to those who do so, it will appear possible that the many cases of social behavior cited may well point to some degree of causal relationship between emotional and mental aberration. In this connection it would have been desirable to have been provided with a

greater abundance of anecdotal material for each girl, both before and at the completion of her educational experiences, as well as with information as to the nature of her training program. Such a treatment was not within the scope of this book, as outlined in its foreword, but there are many who will regret its omission.

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NOTES AND COMMENTS

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New York State Committee on Mental Hygiene of the State Charities Aid Association

ANNUAL MEETING OF THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

The Thirty-fourth Annual Meeting of The National Committee for Mental Hygiene was held at the Hotel Roosevelt, New York City, on November 11, 1943, Dr. Adolf Meyer, President of the National Committee, presiding. Some three hundred and fifty members and guests attended the meeting, which consisted of a luncheon followed by a program of addresses. Dr. George S. Stevenson, Medical Director of The National Committee for Mental Hygiene, reported on the 1943 activities of the Committee. Dr. James S. Plant, Director of the Essex County Juvenile Clinic, Newark, New Jersey, spoke on "To-day's Responsibilities in Mental Hygiene"; and Dr. Nolan D. C. Lewis, Director of the New York State Psychiatric Institute and Hospital and professor of psychiatry at Columbia University, on "Perspectives on Mental Hygiene of To-morrow." These three papers are published in the present issue of MENTAL HYGIENE, pages 1–22.

At the close of the meeting, Mr. Harry Pelham Robbins, Treasurer of the National Committee, paid a brief tribute to Clifford Whittingham Beers, founder of the mental-hygiene movement and of The National Committee for Mental Hygiene, who died on the 9th of last July.

INDUCTION STATIONS REQUEST MORE SOCIAL HISTORIES

A representative of the New York State Committee on Mental Hygiene recently visited each of the seven induction stations in the state to inquire into the operation of the plan developed by the committee to supply these stations with social histories as a basis for the screening of men with mental disabilities. "Without exception," the *S.C.A.A. News* reports, "he was told by the classifying officers that their only criticism was that they wanted more case histories. During September all stations were asked to record the number of case histories received from each local Selective Service board and to evaluate the quality of data submitted. These figures are being compared with corresponding reports from county advisory committees

for the program with a view to securing from social workers even more exactly the type of data desired by psychiatrists at the induction stations.''

It is gratifying to report that each month there are more Selective Service boards coöperating with the program.

Central Indexes of State-Institution Patients Needed for Selective Service

The medical-survey program of the Selective Service System has recently focused attention on the fact that in many states there is no central index of persons who have received care and treatment in the various state institutions. The Selective Service System has agreed to have the names of all registrants who come up for examination at induction stations checked routinely against state-institutions files in order to find out which registrants have been institutionalized for mental disease, epilepsy, or feeblemindedness. Such a routine check is being made regularly in states where a central file is available.

In order to meet the situation, as a protection both to the citizens of the state and to the armed forces, several states have recently constructed a special index for Selective Service use. This index is compiled by pulling from the complete files the folders of males now between the ages of sixteen and thirty-eight who have been discharged or paroled (furloughed) or who have escaped from the institutions, and putting on an index card identifying data, such as name, birth date, and names of parents, and a statement regarding the length of stay in the institution. Diagnosis is desirable, but not necessary for institutions of the three types mentioned above.

In the case of correctional institutions and medical institutions of other kinds than those serving the mentally ill, epileptic, or feebleminded, it is necessary to have more complete information on the card, or to follow the identification of a registrant with a request for a report from the institution.

In most states about 10 per cent of formerly institutionalized persons are males now of military age and living in the community. The task of setting up a special file for Selective Service screening purposes is, therefore, not a large one. Experience suggests that in an institution having approximately 2,500 patients, the file can be constructed by one clerk in from a week to ten days.

The importance of this is apparent from the facts obtained by The National Committee for Mental Hygiene in an inquiry sent to all state hospitals a few months ago. Virtually every state hospital had re-admitted a few former patients who had been inducted into the armed forces, where they had again broken down. A routine

check of all Selective Service registrants is the only sure way of preventing this.

Every Division of Armed Forces to Have Psychiatrist

Appreciating the advances made in the recognition and treatment of psychiatric symptoms in the personnel of the armed forces, the War Department is revising its organization to include a psychiatrist for every division. The psychiatrist will be a member of the division surgeon's office and will advise the division surgeon in matters of a psychiatric nature. He will have the rank of captain or major. While the troops are in training, he will be expected to detect, treat, and eliminate actual or potential psychiatric cases. He will also instruct all the officers of the division in the recognition, prevention, and treatment of mental casualties. In combat zones, it will be his task to sift and clear such casualties, with the aim of returning the men to duty whenever possible.

Causes of Discharge for Wacs

A statement by the army of the causes of discharge for Wacs released for disability shows that 25 per cent of the discharges were for ailments or defects peculiar to women and about 45 per cent for neuropsychiatric disorders. The statement points out, however, that many of these in the latter group would probably not be considered abnormal in civilian life.

West Virginia State Medical Association Approves Prepayment Medical-Service Plan

The Council of the West Virginia State Medical Association has unanimously approved a prepayment medical-service plan presented to it in a recent report by its Fact Finding and Planning Committee. The plan developed, according to the report, from the realization that "the cost of medical care has advanced markedly during the past few years, so much so that for the average wage earner a serious illness becomes a financial catastrophe" (this increased cost not being chargeable to the physician, but to the increased cost of hospitalization and of the diagnostic procedures necessary to give the patient adequate care); and from the further realization that this cost can be met only "by a distribution in some form of prepaid medical service." The plan recommended by the committee is as follows:

> "1. That regional non-profit medical-service plans be developed immediately as community projects, with the endorsement and support of component medical societies; that the plans be operated by group

hospital service with the joint supervision of an advisory committee elected by the county medical society and a central state committee appointed by the president of the state medical association; that a medical-service contract be offered to the public on a periodic prepayment plan to pay the cost, in whole or in part, of surgical, obstetrical, and medical service, while a bona fide patient in a hospital; that the details of these plans and contracts be left to each community; that nothing be done that might in the least interfere with doctor-patient relationship; and, that the patient have the free choice of hospital and doctor.

"It will be the duty of the state committee, together with the committee representing hospital plans operating within the state, to formulate a basic contract, and particularly to see that this service is made available to every community of the state, with particular emphasis on rural areas.

"2. That in as much as the care of the indigent sick is a joint responsibility of the community and the medical profession, further study should be made in each community toward improving such care if necessary. The committee recommends that each county society, through a committee, be asked to survey its plan for the care of the indigent sick, and to send a report with their recommendations to the Fact Finding and Planning Committee, so that the committee will be in a better position to offer proper recommendations with reference to the improvement of this service. . . .

"3. Realizing that the health of the community depends largely on adequate public-health departments, the committee recommends that the public-health work be extended and that measures be taken to assure adequate public-health units for every county or group of counties. The committee believes that as far as possible the work of these units should be limited to preventive medicine, immunization, and particularly to education of the public in health matters.

"The committee wishes to commend the legislature for passing legislation on cancer control, and placing institutions for the treatment of tuberculosis in the hands of medical administrators.

"4. The committee wishes to endorse the project of the Woman's Auxiliary for a proposed educational campaign. It feels, however, that the campaign must be planned most carefully and that the medical advisory committee should work closely with the Auxiliary in preparing the material for this work."

Commenting on these recommendations, Dr. R. J. Wilkinson, President of the West Virginia State Medical Association, states: "The plan is unique in that it provides such a wide coverage and at the same time does not interfere with the physician-patient relationship, since there will be no fees to cover professional work, but rather the patient will be allowed certain sums of money, in the event of serious illness, to assist him in meeting his obligations. . . . The plan will be administered by local hospital service plan groups. The state committee will meet immediately with hospital group representatives for the purpose of agreeing upon a basic contract, which of course can be changed to meet local needs.

"You must realize that no plan can be perfect; neither can all the physicians be satisfied. However, the time has arrived for action and we can no longer retard a progressive and needed program. Some mistakes will be made, but since the medical profession is to guide all such plans, these errors can be corrected from time to time as the need may present itself."

New Children's Centers

Last year the state of Michigan, as a measure toward conserving the mental health of the children and youth of the state, established children's guidance centers in several cities and counties. These centers are sponsored by the State Hospital Commission, under the direction of Dr. Frank F. Tallman, Director of Mental Hygiene, State Hospital Commission. Since their establishment they have amply proved their value.

Three types of service are offered:

1. *Diagnostic.* The child is studied from all angles—home, school, church, and group relationships. As a result of this study, recommendations are made to the parents as to the proper agency to deal with the problem.

2. *Treatment.* After the diagnosis has been made, treatment is begun. The duration of this treatment depends upon the individual and the problems involved. During this period, the parents are seen at regular intervals. If medical treatment is necessary, the family physician assumes the responsibility.

3. *Consultation.* The center staff offers advisory assistance to social agencies in dealing with family problems. If desired or indicated, more than one conference is held. At times a diagnostic study is made; at other times consultation is based on agencies' records only.

Children and adolescents who present conduct problems (such as truancy, lying, or stealing), personality and habit problems (such as bullying, temper tantrums, or enuresis), or educational and vocational problems (such as refusal to go to school, inability to learn, and vocational indecision) may be referred to the center. Children may be referred from birth through high school. Older children may seek help on their own initiative.

Cases are referred through schools, social agencies, courts, parents, physicians, and health departments.

The staff is composed of a psychiatrist, a psychologist, and a psychiatric social worker. The salaries and traveling expenses of this staff are paid by the State Hospital Commission; the cost of

office space, clerical help, and incidentals is borne by the counties. The service is free to every one, irrespective of financial status.

Further information about these clinics may be obtained from Dr. Frank F. Tallman, Director of Mental Hygiene, State Hospital Commission, Lansing, Michigan.

Texas University Study Finds Increase in Delinquency

That the war has served to loosen moral bonds for children already "potentially delinquent," is the conclusion of a study of juvenile delinquency made during a conference laboratory course in education at the University of Texas, under the direction of Dr. J. G. Umstattd, professor of education.

A report of the study, just off the press, points out that some 3 per cent of the 25 million children in the United States were delinquent, but that the proportion has increased enormously since the war began. The Travelers' Aid, for example, reported twice as many runaways during 1942 as in 1941, and in Massachusetts two and one-third times as many boys were committed to correctional schools as in 1941.

Direct war causes for juvenile delinquency were found to be "part-time mothers and latchkey children," emotional upsets due to broken family ties, interrupted education, and an unusual amount of "easy" money to spend.

But a great many of the children brought in on delinquency charges now were potentially delinquent before the war. "The basic causes of delinquency are poverty, lack of schooling, broken homes, racial and nationalistic rivalry, and physical and mental disabilities," the report states. "These causes existed before the war and war-time excitement and restlessness have simply served to break down restrictions."

The conclusion reached is that one of the ordinary jobs of schools and teachers is to prevent and cure delinquency. Four specific measures are suggested as a means to this end: (1) giving the child some status—a feeling of "belonging"; (2) attending to his health needs; (3) teaching him a skill; and (4) training him in an attitude of good will.

Award for Paper on Research in Child Psychiatry

The Devereux Schools, at Devon, Pennsylvania, is offering an annual award of five hundred dollars for an original paper on research in child psychiatry, the competition to be conducted under regulations established by the Research Committee of the American Psychiatric Association. These regulations are:

"1. The paper may be on any phase of child psychiatry, including laboratory studies, psychological analyses and approaches, biometrics, genetics, and a clinical description and therapeutics.

"2. The paper should be 5,000 words or less. In exceptional cases longer papers will be considered, but length will not be considered a merit. Clarity of presentation will be weighed as a factor in awarding the prize. The literature cited need not be exhaustive, but should emphasize the most important work in the subject and especially the modern writers should be cited and evaluated.

"3. In order to encourage research among the younger workers, the contestants should be limited to persons having less than fifteen years' experience in the field, and no person having the rank of full professor or who is the head of an institution will be considered as a contestant for the prize. Except for these restrictions, the field is open to any one who has direct and personal experience in the field of child psychiatry. In other words, an academic presentation will not be considered for the prize and only work which has been personally conducted along the original lines will be considered.

"4. A paper by one author will have preference, other things being equal, over a paper submitted by two or more authors. Where multiple authorship exists, the prize, if awarded, will be divided equally among the number of authors.

"5. All papers must be submitted on or before March 1, 1944.

"6. They must be sealed and mailed to the American Psychiatric Association, Room 924, 9 Rockefeller Plaza, New York City.

"7. The author should submit the manuscript without his name appearing upon it. The award will be made by the judges solely on the merit of the paper. Therefore, the author's name and address should accompany the manuscript in a sealed envelope.

"8. All papers will become the property of the Devereux Schools and may be used in any manner they see fit.

"9. All rules and regulations are subject to revision and approval by the Committee on Research of the American Psychiatric Association."

The award will be announced at the luncheon given by the Devereux Schools at the annual meeting of the American Psychiatric Association in May, and the paper will subsequently be published.

McGill University Establishes a Department of Psychiatry

McGill University announces the creation of a department of psychiatry and, in association with the Royal Victoria Hospital, the establishment of an institute for research and teaching. Through the generosity of Sir Montagu and Lady Allan, a building and an extensive site have been provided.

The institute will contain fifty beds for patients suffering from early and acute psychiatric conditions. Facilities for intensive treatment are being set up. The development of research and treatment will be major objectives, and with this in view, large and well-equipped laboratories are to be provided.

The project is being supported both by the Rockefeller Foundation and by the Government of the Province of Quebec. Dr. D. Ewen Cameron has been appointed to the chair of psychiatry and will also be the director of the institute.

New Medical Officer for Illinois Department of Public Welfare

Dr. James Watson, Director of the Division of Mental Hygiene of the North Carolina State Board of Charities and Public Welfare, has been appointed Chief Medical Officer of the Illinois State Department of Public Welfare. Dr. Watson will be responsible for the medical care and treatment of patients in mental hospitals.

Psychologist Named Research Director for Public Welfare Council

The Connecticut State Medical Society has announced the appointment of Karl S. Heiser, Ph.D., as Director for the Public Welfare Council. Dr. Heiser, who is the Director of the Psychological Laboratory, Norwich State Hospital, Norwich, has been granted a year's leave of absence to assist in a study of the care of the aged and infirm. One of the purposes of the study is to learn whether it will be necessary to provide state funds to care for persons of this type.

Dr. Humphreys Accepts New Position

Dr. Edward Jackson Humphreys, who for ten years has been director of research at Letchworth Village, Thiells, New York, has been appointed assistant superintendent and director of research and training at Coldwater State Home and Training School, Coldwater, Michigan.

Dr. Humphreys is a graduate of Bucknell University and the College of Physicians and Surgeons, Columbia University, and has had postgraduate training at the New York State Psychiatric Institute and Hospital. He has written numerous articles on mental deficiency, and for several years he has been editor of the *American Journal on Mental Deficiency.*

Michigan is to be congratulated on having secured his services.

Dorothea Dix and the Scottish Lunacy Act of 1857

Dr. Joseph E. Raycroft, President of the Board of Managers of the Trenton State Hospital, Trenton, New Jersey, has called attention to an account of a little known episode in the life of Dorothea Dix, which merits wider circulation. It was told by Dr. George M. Robertson, professor of psychiatry of the University of Edinburgh

and Superintendent of the Royal Hospital for Mental Disorders in Edinburgh, when, as a representative of the mental hospitals of Scotland, he attended the First International Congress on Mental Hygiene, held in Washington in 1930.

As related by Dr. Robinson, the episode is as follows:

"I have already told you that the world-wide reputation that Scotland has gained for the care of the mentally sick is largely due to its excellent lunacy laws. I dare say there are few Americans in this room who know that Scotland is indebted to Dorothea Dix for these excellent laws. I wish to tell you briefly this romantic story as I heard it forty-five years ago from the lips of Dr. Hack Tuke, who himself had been told it thirty years earlier by Dorothea Dix herself, when the incident occurred. She was then staying as a visitor at Dr. Tuke's house.

"It is said that Dorothea Dix was responsible for the erection of about thirty mental hospitals in the United States and Canada and for the improvement of the lunacy laws of many states.

"In the year 1855 she paid a visit to England. She stayed first with Dr. Tuke at York, and then in Edinburgh with Sir James Y. Simpson, the great obstetrician and gynecologist, who introduced anæsthesia by the administration of chloroform. While in Edinburgh, her interest in the care of the sick in mind took her to the Royal Hospital at Morningside, of which I now have charge, and she was satisfied with what she saw. She also inspected several small private mental hospitals in a town near Edinburgh called Musselburgh, where large numbers of insane pauper patients were kept at very low rates of board. She was shocked at their horrible surroundings and the neglect from which they suffered.

"As she thought that the most influential personage in Edinburgh was the Lord Provost of the city, she accordingly appealed to him. He, however, regarded her as a perfect nuisance and as a fussy, interfering woman whose activities should not be encouraged. But the more he tried to persuade her to leave well alone, the more firmly she asserted that all was not well and the more determined was she to have things put right.

"Seeing that the Lord Provost would not help her, she told him she would go to London and interview the Home Secretary. This seems to have made an impression on the Lord Provost, for he himself decided to go up to London the very next day and prepare the Home Secretary to receive this determined little woman whom he called 'The American Invader.'

"The Lord Provost, in spite of his cleverness, arrived in London one day too late because the 'American Invader' had packed up her handbag and traveled to London by the night train. She saw the Home Secretary first, and made a deep impression. In spite of all the arguments that the Lord Provost used to him afterwards, the Home Secretary advised the Prime Minister to appoint a Royal Commission to inquire into the state of lunacy in Scotland.

"Now I want to point out to you what an important body a Royal Commission in Great Britain is. It is appointed by the Prime Minister and his cabinet, and each member receives his commission direct from the King. It is an unhead-of-thing for a Royal Commission to be appointed on the representations of one person, yet this was done in 1855, on the representations of one woman, and she an American.

"The Royal Commission of 1855 made full inquiry. It presented a valuable report and finally in 1857 new lunacy laws were enacted for Scotland. For these lunacy laws, which have done so much for Scotland, we are indebted to the action of Dorothea Dix, which I have just described.

"Ladies and gentlemen, I have taken this, the very first opportunity that has presented itself to me in the United States, of expressing publicly for the Scottish people our thanks and our gratitude to this American lady who has brought untold blessings to Scotland. I am ashamed to say we have not yet erected a memorial to her, but I am about to see that this is done.[1]

"When I am in Paris, I always visit the Tomb of Napoleon. As I am in Washington, I shall go to Mount Vernon and I shall visit the Monument of Lincoln. But before I return home, I shall also make a point of visiting some of the places that Dorothea Dix hallowed by her presence and work, in the hope of receiving some inspiration from her spirit."

Hawaii Reports Increased Demand for Mental-Hygiene Services

The annual report of the Bureau of Mental Hygiene, Board of Health, Territory of Hawaii, recently received from Dr. Edwin E. McNiel, director of the bureau, states that during the past year the facilities of the bureau have been stretched to the limit to meet the demands for psychiatric and mental-hygiene service. Services have been given to 1,242 patients, representing an increase in case load over the previous year of 165 cases. A substantial part of this case load has been made up of war workers.

The report lists fourteen types of activity in which the bureau has engaged during the year:

1. Serving as a central official organization to sponsor mental-hygiene and psychiatric activities in the territory.
2. Providing psychiatric service and advice to patients, families, friends, and professional workers who are concerned with psychiatric problems.
3. Conducting an out-patient psychiatric consultation, diagnostic, and treatment service.
4. Supervising an in-patient psychiatric service in the Queen's Hospital.
5. Transporting indigent psychiatric patients from outer islands to the base clinic in Honolulu, for diagnosis and treatment.
6. Providing psychiatric consultation service for all city, county, and territorial organizations, including the Oahu Prison, the Boys' and Girls' Industrial Schools, the attorney general's office, the Honolulu Police Department, etc.
7. Providing mental-hygiene service to the Department of Public Instruction, including lectures, conferences, consultations, examinations, and treatment of cases.

[1] Dr. Robertson kept his promise—a bronze plaque in memory of Dorothea Dix was unveiled at the Royal Edinburgh Hospital for Mental and Nervous Diseases on June 6, 1935.

8. Making psychiatric traveling-clinic trips to the outer islands, offering consultation services and diagnosis and treatment of cases referred by physicians, public-health nurses, social workers, courts, and so on.

9. Following up cases paroled from the Territorial Hospital at Kaneoke, as requested, particularly on the outer islands.

10. Working with the attorney general, the courts, the Department of Institutions, the Territorial Hospital, other organizations, and physicians regarding new commitment laws and their actual operation.

11. Providing the services of the director as a member of the parole board of the Boys' and Girls' Industrial Schools.

12. Conducting an educational program throughout the island, by means of lectures and conferences.

13. Providing psychiatric consultation service for Federal Bureau of Investigation, Army Intelligence Service, Navy Intelligence Service, and Pearl Harbor Navy Yard Civil Service employees.

14. Offering mental-hygiene consultation services regarding employer-employee relations.

When we consider what devastated Hawaii, under adverse conditions, has accomplished in the field of mental hygiene, we in continental United States should be grateful for the example that she has given us.

State Society News

California

Through the generosity of Mrs. Louis B. Mayer, the Southern California Society for Mental Hygiene is the recipient of a contribution of $10,000. The society is planning a very active program in its area.

The Executive Secretary of the Mental Hygiene Society of Northern California has been appointed by State Selective Service as the Adviser on Social and Health History Phases of the Medical Survey Program.

Because of the lack of central files in California, it is necessary to get pertinent information on draftees from county welfare departments, social-service exchanges, public and private hospitals, and social agencies throughout the state. The State War Council has before it a request for funds to finance a record-clearance project for Selective Service. The society is hoping that they will vote to assume this responsibility, as the Connecticut War Council has recently done.

In the meantime, with the assistance of the State Department of Social Welfare and the councils of social agencies throughout the state, the society is listing volunteer social workers to be assigned as medical field agents to each local draft board. When the money for the Medical Survey Program is made available, these social workers will be ready to go to work. It will be their responsibility to see that available information is recorded on the health-history forms, and

that these forms are in the hands of the draft boards at the time the draftees are sent up for induction.

Iowa

Plans are under way for an Iowa State Society for Mental Hygiene. Recently a number of superintendents of state institutions under the state board of control met with Dr. Walter L. Bierring, state health officer, to discuss the possibilities of such a society, and Dr. Norman D. Render, Superintendent of Clarinda State Hospital, was appointed chairman of a committee to develop it. Final organization will not, however, be effected until spring.

Kentucky

The First Annual Meeting of the Kentucky Mental Hygiene Association was held on November 19, the anniversary of the date of its founding a year ago.

The association has adopted the following projects for early action, according to its executive secretary, Mrs. Ella Layne Brown:

> "Affiliation with The National Committee for Mental Hygiene.
>
> "Extension of the association through county units in the seven counties already represented, and in eight other counties which are pivotal points for operation of the program, which represent different types of communities and resources, and in which interest has already been expressed in favor of a local mental-hygiene program.
>
> "Interpretation through various media of the association's program, the needs for mental hygiene throughout the state, and the resources for meeting those needs.
>
> "Composition of a program that may be passed on to the county units as mere suggestions, to be used as a guide in organizing local programs.
>
> "Two institutes on the mental hygiene of childhood, for parents, teachers, social workers, nurses, and the laity.
>
> "Increase of membership in those counties already represented, and enrollment of members in those counties unrepresented, in order that the association may have a wider scope for its activities."

"The high light of the association's year," Mrs. Brown reports, "occurred on September 25, when the first state-wide mental-hygiene meeting was held in Louisville. Speakers were Dr. E. E. Landis, associate professor of psychiatry at the University of Louisville; W. A. Frost, Commissioner of Welfare of the Commonwealth of Kentucky; Dr. A. M. Lyon, Director, Division of Hospitals and Mental Hygiene, Department of Welfare, Commonwealth of Kentucky; Dr. Isham Kimbell, Superintendent of Central State Hospital, Lakeland, Kentucky; Dr. Spafford Ackerly, Director of the Mental Hygiene Clinic of Louisville; and Captain Padgett, of the United States Army.

The association has had several setbacks, such as the loss of its

officers to the army and of its secretary through death. "But we are struggling along," Mrs. Brown writes, "and have quite a few new members in sight, as well as the prospect of several new county units."

Massachusetts

The Massachusetts Society for Mental Hygiene is turning over to the army supervision of the Records Clearance Division through which pertinent data are obtained from records of hospitals, clinics, courts, and social agencies for the use of the physician on the induction line. The staff of the society inaugurated this program and has supervised it for 1943. Two WAC officers, psychiatric social workers, take over January, 1944. The Records Clearance Division is the medium through which social workers provide material for the screening program in Massachusetts.

The society has recently been asked to take the leadership in establishing a social-work consultation service for accepted and rejected men at induction centers. A worker has already been appointed in Springfield under the auspices of a local committee, and a member of the society's staff is to act as head worker at the Boston Induction Center and liaison officer between the army and the social workers participating in this service. These workers will steer accepted men to proper agencies to assist them with personal and family matters which must be attended to during their three-week furlough before reporting at reception centers. Knowing that their families have resources to which to turn in case of need, the men themselves are not in danger of having their morale lowered by undue anxiety about family affairs. The rejectee will be referred to proper rehabilitation agencies. Family agencies and the Red Cross will aid in manning the information service.

In coöperation with the State Department of Mental Health, two courses for industrial nurses are being given, one in Boston and the other in Springfield. The Boston Mental Hygiene Committee, a joint committee of the Massachusetts Society and the Boston Health League, is now working on a rehabilitation program. In connection with this, the speaker at the annual meeting of the society on December 7, Dr. James M. Cunningham, Director of the Bureau of Mental Hygiene, State Department of Health, Hartford, Connecticut, spoke on the topic, "The Serviceman Returns."

Minnesota

A communication from Mrs. Carl Lefevre, Executive Secretary of the Minnesota Mental Hygiene Society, states that the society is working on the problem of men rejected and discharged because of neuropsychiatric disabilities. The society has been in communication

with the Veterans' Administration, the Home Service Division of the Red Cross, and the Family Welfare Association in Minneapolis. It is attempting to ascertain what facilities are available, how more can be made available, and how they can all be integrated to give the fullest possible service.

A number of Twin City teachers joined the society's clinical section, originally organized for social workers, when a dinner meeting was held in St. Paul, on October 27, with a panel discussion of the topic, "Problems of the Dull Child."

The third annual Judge Waite lecture was given in Minneapolis on November 29, with Dr. Raymond Bragg speaking on "The Value-centered Professions and the Future of Mental Hygiene." This is a general membership meeting and it is open to the public as well.

The society is considering a joint meeting with the Twin City Chapter of the American Association of Social Workers to be held in January or February.

Oregon

Recently Colonel Elmer V. Wooton, the Oregon State Director of Selective Service, appointed Dan L. Prosser, Executive Secretary of the Oregon Mental Hygiene Society, to the position of adviser to the state director and chairman of the advisory committee on the new uniform Medical Survey Program now being inaugurated in the state of Oregon. For the past six months, through the promotion of the Oregon Mental Hygiene Society, in coöperation with social agencies, public and private, state hospitals, and correctional institutions, each local board in the state of Oregon has been clearing its call lists through agency files and the social-service exchange in Portland, for the purpose of securing social data to be used by the psychiatrists at army induction headquarters. Although more limited in scope than the new Medical Survey Program, this service has proved its usefulness in making valuable social data available to the induction station at the time each registrant is examined.

Vermont

A joint meeting, consisting of a luncheon and a program of addresses, was held in Rutland on October 29 by the Vermont Society for Mental Hygiene and the Vermont Conference on Social Work. The greater part of the program was given up to a symposium on "The Child in War Time," which included the following papers: *Some Effects of the War on Our Children,* by Dr. Phyllis Greenacre, Chief of Clinic, Payne Whitney Psychiatric Clinic, New York City;

The Treatment of Anxiety in Children, by Dr. J. C. Chassell, psychiatrist at Bennington College; *The School and Mental Health,* by Dr. Ruth Andrus, Chief of the Bureau of Child Development and Parent Education, New York State Department of Education. Other papers were *The Importance of Psychiatric Social Work in a State Mental Hygiene Program,* by Miss Hester B. Crutcher, Director of Psychiatric Social Work, New York State Department of Mental Hygiene; and *The Work of the Vermont Board for Control of Mental Defectives,* by Mrs. Lillian M. Ainsworth, secretary of the board.

Wisconsin

An interesting opportunity to develop a working relationship with personnel men and workers in industry has come to the Wisconsin Society for Mental Hygiene. The personnel group in industry has begun to consider the mental-health problems to be faced when each industry will be expected to absorb its share of the men returned with "nervous and mental" as well as physical disabilities. Requests have come from them to the Wisconsin Society for Mental Hygiene for information on a number of topics in the mental-health field, such as:

1. Technical terms: Restatement in everyday language of "nervous and mental" terminology commonly used on rejection slips of men returned from the induction center.
2. Psychoneuroses: Simple, short articles on the problems encountered with "psychoneurotic" employees and their adjustment in industry.
3. Epilepsy: When and where a patient can be successfully employed; their characteristic emotional problems.
4. Physical, mental, and nervous disabilities: The special adjustments that are required in successful placement; typical problems in supervision.
5. Mental retardation: Placement of the "slow thinkers"; problems in training and stimulating maximum production with safety.
6. Mentally ill employees: Legal procedures for commitment for hospital care in Wisconsin; family responsibilities; possibilities for re-employment of recovered patients.
7. Tax-supported hospitals: Necessary requirements for modern treatment hospitals and what may be expected of them.

To meet these resquests, the President of the Wisconsin Society has appointed a committee of experts, to prepare short articles on some of these topics. These articles will be reviewed by a joint committee drawn from the Association of Personnel Men of Wisconsin and the society. The plan is to print these articles in the *Mental Hygiene News,* the bulletin of the society, and later to publish them in pamphlet form for distribution at cost.

New Publications

Under the title *Building a Better World,* the National Tuberculosis Association has issued a little booklet of suggestions to teachers as to how they can help promote the mental health of children in war time. In addition to a general discussion of the conditions that influence mental health, specific suggestions are given for the various age groups—the elementary grades (ages five to eight); the upper elementary grades (ages nine to twelve); the junior high school (ages twelve to fifteen); and the senior high school. There is also a short list of selected references for those who wish to do further reading on the subject.

The booklet is the work of a committee of teachers who were members of a course in guidance at Teachers College, Columbia University, under Dr. Ruth Strang. "It is their hope," the introduction states, "that other committees of teachers in rural communities, in villages, towns, and cities, may take the material here presented and adapt it in a variety of ways, to meet their particular requirements."

To secure a copy of the booklet, write to your local tuberculosis association.

The Institute for Psychoanalysis, of Chicago, announces the publication of a pamphlet entitled *Women in Wartime.* Copies may be obtained from the Institute, 43 East Ohio Street, Chicago, at a price of 35 cents for single copies; 25 cents a copy in lots of five.

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STATE SOCIETIES AND COMMITTEES FOR MENTAL HYGIENE

(With Date of Organization)

Alabama Society for Mental Hygiene (1915)
Miss Katherine Vickery, Secretary
Alabama College, Montevallo

Arizona Society for Mental Hygiene (1942)
Bishop Walter Mitchell, President
Phoenix

Northern California Society for Mental Hygiene (1937)
Miss Elizabeth Hall, Executive Secretary
45 Second Street, San Francisco

Southern California Society for Mental Hygiene (1923)
Dr. Anna E. Rude, Secretary
2045 S. Oxford Street, Los Angeles

Connecticut Society for Mental Hygiene (1908)
Miss Frances Hartshorne, Executive Secretary
152 Temple Street, New Haven

Delaware Society for Mental Hygiene (1932)
1308 Delaware Avenue, Wilmington

Illinois Society for Mental Hygiene (1909)
Dr. Rudolph G. Novick, Medical Director
343 S. Dearborn Street, Chicago

Indiana Society for Mental Hygiene (1916)
Dr. Lillian G. Moulton, Acting Executive Secretary
141 S. Meridian Street, Indianapolis

Kansas Mental Hygiene Society (1920)
Miss Melba Hoffman, Secretary
1525 N. Vassar Street, Wichita

Kentucky Mental Hygiene Association (1942)
Mrs. Ella Layne Brown, Executive Secretary
Welfare Department, Frankfort

Louisiana Committee for Mental Health (1940)
Felix Gentile, Executive Secretary
816 Hibernia Bank Building, New Orleans (12)

Maine Teachers Mental Hygiene Association (1940)
Charles A. Dickinson, Secretary
University of Maine, Orono

Maryland Mental Hygiene Society (1913)
Dr. Ralph P. Truitt, Executive Secretary
601 W. Lombard Street, Baltimore

Massachusetts Society for Mental Hygiene (1913)
3 Joy Street, Boston

Michigan Society for Mental Hygiene (1936)
Harold G. Webster, Executive Secretary
1215 Francis Palms Building, Detroit

Minnesota Mental Hygiene Society (1939)
Mrs. Carl Lefevre, Executive Secretary
c/o Dight Institute, University of Minnesota, Minneapolis

Missouri Association for Mental Hygiene (1936)
Sidney Maughs, Secretary
3720 Washington Boulevard, St. Louis

New Jersey State Mental Hygiene Association (1940)
Miss Margaret Parker, Secretary
22 Valley Road, Montclair

New York State Committee on Mental Hygiene, State Charities Aid Association (1910)
Miss Katharine G. Ecob, Executive Secretary
105 East 22nd Street, New York City

North Carolina Mental Hygiene Society (1936)
R. Eugene Brown, Secretary
1102 Independence Bldg., Charlotte 2, N. C.

Oregon Mental Hygiene Society (1932)
Dan Prosser, Executive Secretary
Platt Building, 519 West Park, Portland 5

Pennsylvania — Mental Hygiene and Public Health Division, Public Charities Assn. of Pennsylvania (1913)
Paul Benjamin, Executive Director
311 S. Juniper Street, Philadelphia

Rhode Island Society for Mental Hygiene (1916)
Dr. Temple Burling, Medical Director
100 North Main Street, Providence

Texas Society for Mental Hygiene (1934)
Miss Lucile Allen, Secretary
6126 Bryan Parkway, Dallas

Utah Society for Mental Hygiene (1927)
Miss Mary Story, Secretary
Utah State Agricultural College, Logan

Vermont Society for Mental Hygiene (1940)
Dr. Elizabeth Kundert
120 State Street, Montpelier

Virginia Mental Hygiene Society (1937)
Frank Gwaltney, Executive Secretary
309 N. 12th Street, Richmond

Washington Society for Mental Hygiene (1928)
Miss Marjorie C. Rice, Executive Secretary
618 Smith Tower, Seattle, 4

Wisconsin Society for Mental Hygiene (1930)
Miss Esther H. DeWeerdt, Executive Secretary
405 East Grand Avenue, Beloit

Hawaii Territorial Society for Mental Hygiene (1943)
Mrs. Katherine H. Ranck, Secretary
P. O. Box 1720, Honolulu, T. H.